Standard Operating Procedure Manual

Overview

The purpose of this Standard Operating Procedure Manual (SOP) is to provide to employees with written instructions of the regularly recurring work processes and repetitive activities followed by the ADM Board.

The procedures set forth in this manual apply to ADM Board employees, interns and volunteers and shall be followed to provide structure and guidance, ensuring that consistent implementation within the organization.

You should also be advised that the Executive Director has sole discretion, and reserves the right to adopt new work rules, procedures and policies, and to modify, alter, delete, suspend, change or discontinue existing policies and procedures at any time, with or without notice. You will be informed of changes as they occur.

While you may wish to print this manual for your own use, we discourage this. The official and most up to date version of this operating procedure manual resides on the employee communication page.

Standard Operating Procedure

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Administration

Standard Operating Procedure

Department: Administration

Procedure Number: A 08

Procedure Title: Public Records Requests

1. PURPOSE

As a political subdivision of the State of Ohio, the County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board is subject to the rules of Ohio Public Records Statute, Section 149.43 ORC, and strictly adheres to the Ohio Public Records Act.

This procedure is to provide clear direction on how to make a public records request to the ADM Board and how it is processed.

2. DEFINITIONS

A. Availability of Records

All records shall be promptly prepared or made available for inspection to any person at all reasonable times during regular business hours, with exception of published holidays. As required by Ohio Law, records will be organized and maintained so that they are promptly available for inspection and copying, except if legal review and or redaction are required, then the records shall be provided within a reasonable period of time.

B. E-mail

Documents in electronic format are records as defined by the Ohio Revised Code when their content relates to the business of the office**.**

C. Personal Notes

Personal notes of ADM Board staff generally do not meet the definition of a record. Notes have been found not to be public records if they are:

1. Kept as personal papers, not official records;
2. Kept for the employee's own convenience (for example, to help recall events).
3. Other employees did not use or have access to the notes.

D. Public Records

Documents kept by the ADM Board office, with certain exceptions as defined by applicable federal and state laws, and the ORC 149.43, and have the following characteristics:

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

E. Public Records Log

A document listing all public record requests made during the calendar year**.**

F. Records Request

No specific language is required to make a records request. However the requester must describe the records requested with sufficient clarity to allow the ADM Board to identify, retrieve and review the records.

1. If a Requester makes an ambiguous or overly broad request, or has difficulty in making a request for copies or inspection of public records such that the ADM Board cannot reasonably identify what records are being requested, the ADM Board shall provide the Requester with an opportunity to revise the request by informing the Requester of the manner in which records are maintained;
2. or deny the records request.

G. Record Retention Schedule (RC-2)

The Schedule of Records Retention and Disposition (RC-2) lists the records created and maintained by the ADM Board. The RC-2 is approved by the Summit County Records Commission.

H. Redaction

Obscuring, deleting, withholding specific records covered by an exception to the Public Records Act. The ADM Board is required to give the requester an explanation for any part of a record withheld, including the legal authority that requires or permits that withholding.

I. Reasonable Period of Time

There is no set, required time period for responding to a public records request. Instead, the requirements to provide "prompt" production of records for inspection, and to make copies available in a "reasonable" amount of time. The factors that may contribute to the calculation of what is "prompt" or "reasonable" in a given circumstance is defined in the Ohio Sunshine Laws.

J. Requester

The individual making a request for the public records. The requester is not required to put the request in writing, provide identity information or disclose the intended use of the requested record. Usually, the request can be made in any manner the requester chooses: by phone, in person, or in an e-mail or letter. The requester cannot be required to identify him- or herself, or to explain why the records are being requested unless a specific law requires it, or if the ADM Board believes that it will enhance the ability to identify, locate or deliver the requested records.

3. PROCEDURE

A. The ADM Board will make its public records policy statement available and displayed in a conspicuous place at the ADM Board offices. (Attachment A)

B. All persons requesting permission to inspect public records held by the ADM Board should review the Record Retention Schedule (RC-2) then make their request to the Executive Director or a designee in the Executive Director's absence. (Attachment B)

C. In cases in which the requested documents can be easily compiled, arrangements will be made for inspection at the ADM Board offices. The inspection ordinarily will be during business hours. An ADM Board staff member will be made available to assist the requester with files or documents.

D. Simple requests for information, including, but not limited to, salary of an ADM Board employee(s), budget information, etc., will be provided as soon as possible to a requester and may be provided verbally or in written form as agreed to by the requestor.

E. Documents may be copied by ADM Board staff at a cost of $.05 per page or $1.00 per disc or CD. Electronic documents will be furnished at no cost.

F. The fee must be paid by the requester prior to the release of the documents.

G. The Executive Director or a designee will maintain a public records log for each calendar year and copies of all public records request, stored in a central file. (Attachment C)

H. Personnel files are considered public records, and, as such, are subject to the public records statutes of the State of Ohio. Any information covered by an exception to the Public Records act will be redacted before any public record is released for viewing or dissemination.

I. The Executive Director will inform the ADM Board staff member whose file has been the subject of the public records request.

J. When a record is redacted or denied the ADM Board will provide the requester an explanation and legal authority for all redactions and/or denials.

K. In matters of litigation involving the ADM Board and/or a contract affiliate, where legal discovery is involved through the use of subpoenas or other requests, the Summit County Prosecutor's Office will coordinate the discovery process with the ADM Board.

L. In the event that the ADM Board contracts with a private entity to perform government work, the resulting records may be public records, even if they are solely in the possession of the private entity. Resulting records are public records when three conditions are met: (1) the private entity prepared or performed responsibilities normally belonging to the public office, (2) the public office is able to monitor the private entity's performance, and (3) the public office may access the records itself. Under these circumstances, the public office is subject to requests for these public records.

M. Questions concerning the reviewing process or the public records procedure should be directed to the Executive Director or a designee in the absence of the Executive Director.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A 08-A – Public Records Policy
Attachment A 08-B – Record Retention Schedule (RC-2)
Attachment A 08-C – Public Records Request Log

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 10/30/2015	Last Review Date: 6/16/2016	Retired Date: 3T	Next Review Date: 12/13/2017
Staff responsible	Manager of Administration			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Administration

Procedure Number: A 10

Procedure Title: Consumer Scholarships

1. PURPOSE

To provide an application process for scholarships to Summit County primary and secondary (family) consumers.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Scholarships may be awarded to individuals to attend an event related to behavioral health and/ or recovery services.

B. Efforts will be made to insure that a variety of applicants have access to scholarship awards.

C. Scholarships awards will not exceed $500 to any individual per year. If more than $500 is required, the request will be reviewed on a case by case basis. Reimbursement for mileage or other approved expenses will require submission of receipts and proof of attendance.

D. Scholarship funds are limited; requests should be submitted at least 30 days prior to the event. The requesting individual must submit a letter of request and complete the Application for Consumer Scholarship. (Attachment A). The request must be accompanied by a copy of the event brochure and the registration form.

E. Each scholarship request will be reviewed by the Executive Director or his/her designee. Once a decision is made, the requestor will be notified of the decision by mail or e-mail.

F. The Executive Director reserves the right to decline any request for an event he/ she believes does not align with the ADM Board's mission, goals and/or values.

G. When a scholarship is awarded, the recipient must agree to provide any requested feedback or report on the information learned and to evaluate the event.

H. Funds can only be used for the following: registration, lodging, travel, and food. The mileage rate and meal reimbursement shall be consistent with, and not exceed, the Internal Revenue Service (IRS) rate. Travel is to be the most direct and least expensive route.

I. One (1) copy of the original request, decision letter or email, availability of funds for purchase encumbrance shall be maintained in the central file.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Consumer Scholarship Application form

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
4/25/2007	1/30/2014	6/16/2016	3T	12/13/2017
Staff responsible	Manager of Administration			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Administration

Procedure Number: A 12

Procedure Title: Whistleblower Reporting

1. PURPOSE

The ADM Board is committed to the highest ethical standards in the accomplishment of our mission. Our policies, procedures, and standards provide guidance for application of the ethical values stated in our management parameters in our work in this community as we adhere to the highest standard of conduct professionally, socially and legally.

The ADM Board recognizes that any genuine commitment to identifying and avoiding violations of legal and ethical misconduct must include a mechanism whereby employees are encouraged to report, in good faith, any observed violation or concerns freely and without fear of retaliation.

The **purpose** of this procedure is to provide guidance to employees who request to file a good faith report of any behavior that is suspected to be unlawful, imprudent or in violation or suspected violation of commonly accepted business and professional ethics and practices.

Examples of reporting may include but are not limited to:

- Violations of federal, state or local laws;
- Incorrect or misleading financial reporting;
- Billing for services not performed or for goods not delivered.

2. DEFINITIONS – N/A

A. Acting in Good Faith

Employees that file a complaint concerning a violation or suspected violation of the ADM Board policies and/or procedures must be acting in good faith. Good faith is defined as having reasonable grounds for believing the information disclosed indicates a violation of either policy, the law or sound ethical conduct.

B. Evidence

The employee is not responsible for investigating the activity or to prove the truth of an allegation. The employee may be asked to disclose information to establish reasonable grounds for believing the information disclosed indicates a violation of law or ADM Board procedures.

C. Anti- Retaliation

An employee who is acting in good faith and reports a violation will not suffer from harassment, retaliation or adverse employment consequence, even if the allegation is proven to be untrue, unless the employee knowingly made a false allegation, provided false or misleading information in the course of an investigation, or otherwise acted in bad faith. Any employee who retaliates against an employee who has reported a violation in good faith is subject to discipline action.

D. Reporting Responsibility

It is the responsibility of all employees to comply with the ADM Board's code of conduct, procedures and to report violations or suspected violations in accordance with this procedure.

E. Code of Conduct

Section 12.1 of the ADM Board's Personnel Handbook describes the ADM Board Code of Conduct with the following statement:

The ADM Board prides itself on the high standards of excellence embodied by our mission and operating principles. Each employee is expected to adhere to a high standard of conduct professionally, socially and legally. The ADM Board depends on the way employees conduct business, and the way the public perceives that conduct. All employees should conduct themselves and perform their duties ethically, honestly, and with integrity. The ADM Board strives to create and maintain an environment in which people are treated with dignity, decency, and respect.

F. Whistleblower

For the purpose of this procedure, any person or group who makes a confidential claim, statement or report about activities that could harm the public's health or safety; involve financial accountability or mismanagement; violate ethical or professional standards; impinge on the rights or protections afforded the ADM Board's employees or constitutes a clear violation of ADM Board policies and procedures; or involve a violation of applicable federal, state or local laws.

3. PROCEDURE

A. An employee reporting a concern must be acting in good faith and have reasonable grounds to believe that the allegation disclosed constitutes unacceptable behavior, including violations of ethical or illegal business practices or other acts that fall outside the code of conduct, board policies and or organizational procedure.

B. The employee may file a report by contacting Red Flag Reporting Services by:

C. Calling: 1-877-64 RedFlag (1-877-647-335), or

D. Reporting on the Red Flag website at www.RedFlagReporting.com, and entering the County of Summit ADM Client Code: 3307623500

E. Once the report is filed, Red Flag Reporting Services will notify designated members of the ADM Board of Directors to determine further action needed.

F. The designated members of the board shall be responsible for making appropriate recommendations to the Board and management, with respect to all reported allegations to investigate any credible allegation of wrongdoing by staff or management, with a view to ensuring that any such allegation is fully investigated and appropriate action, if any, is recommended to the Board or management, as the case may be.

4. RELATED PROCEDURES OR FORM TO BE USED

ADM Board Governance Policy 2.0: Global Executive Constraint

5. PROCEDURE HISTORY:

Effective Date: 1/28/2016	Version Date: 1/28/2016	Last Review Date: 6/16/2016	Retired Date: 2T	Next Review Date: 12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	 _____ Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Administration

Procedure Number: A 13

Procedure Title: Reporting of Unusual Incidents

1. PURPOSE

To provide a process whereby unusual incidents involving employees, volunteers, vendors, or visitors which occur at the ADM Board offices or during the course of business conducted under the sponsorship of the ADM Board, regardless of the location are reported and investigated.

This procedure does not supplant the employee accident procedure.

2. DEFINITIONS – N/A

A. Unusual Incident

An "incident" shall be understood to mean any event that poses a danger to the health and safety of an individual and which is not consistent with routine operations.

B. Reportable Incident

A reportable incident is shall be understood to mean "an occurrence likely to cause serious harm which is not consistent with the routine operation of the ADM Board.

- Results in personal injury (including injuries requiring first aid, medical attention, or property damage)
- Has the potential to result in personal injury or property damage even though no injury or damage actually occurred;
- Involves a physical security breach, fire or explosion;
- Involves unsafe practices and unsafe acts;
- Incidents involving employees, volunteers, vendors, visitors, Board members while serving in an official capacity of the ADM Board, regardless of the location.

C. Near Miss

Near misses describe incidents where no property was damaged and no personal injury sustained, but where, given a slight shift in time or position, damage and/or injury easily could have occurred. (National Safety Council)

3. PROCEDURE

A. In the event that an unusual incident occurs ADM Board employees shall be required to

1. Promptly all incidents to the Safety Officer.
2. Complete a "Report of Unusual Incident" form. (Attachment A) which identifies the persons involved and which describes the essential facts of the incident and how it was dealt with.

B. Employees and individuals witnessing a reportable incident shall complete the: "Statement of Witness to Unusual Incident" form**.** (Attachment B)

C. Completed forms are required to be submitted to the Manager of Administration, who serves as the ADM Board Safety Officer, within 24 hours (or within one business day) of the incident.

D. The Manager of Administration will review the forms and investigate the circumstances of the incident within three (3) business days.

E. The purpose of the investigation is to gather relevant facts, establish responsibility, identify potentially dangerous trends, and to determine why and how the incident occurred so that recommendations can be made in agency practices to promote environmental safety and prevent a recurrence of a similar incident.

F. At the conclusion of the investigation, the Manager of Administration will submit a plan of correction and/or recommendation to the Executive Director for review and approval.

G. The Manager of Administration shall maintain a log of all incidents and submit an annual summary report to the Executive Director.

H. Employees injured or involved in an accident should follow the employee accident procedure as outlined in the employee handbook and submit the required documents in addition to the Report of Unusual Incident Form.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Report of Unusual Incident Form
Attachment B – Report of Unusual Incident Witness Form

5. PROCEDURE HISTORY:

Effective Date: 1/1/2014	Version Date: 12/12/2013	Last Review Date: 6/16/2016	Retired Date: 4T	Next Review Date: 12/13/2017
Staff responsible	Manager of Administration			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Administrative Support

Standard Operating Procedure

Department: Administrative Support

Procedure Number: AD 01

Procedure Title: General Office Procedures

1. PURPOSE

To establish overall guidelines for administrative support assistance and capture responsibilities that may not fall under any other procedure.

2. DEFINITIONS – N/A

3. PROCEDURE

A. At the start of the business day, the administrative support staff are responsible to insure that:

1. ADM Board's newspapers are picked up and placed in the Manager of Community Relations' mailbox after removing excess pages, i.e., sale ads, etc.
2. The general delivery mailbox-voicemail is checked, and any messages are forwarded or responded to as deemed necessary.
   a. The Manager of Administration or Manager of Information Technology will provide the administrative support staff with log in information and voicemail guidance.
3. Personal voicemail is accessed and responses are completed as needed.
4. Notifications of faxes are distributed. (Attachment A : Faxes)
5. That the copier or scan directory is checked and deleted as needed.
6. The Microsoft Outlook Calendar is monitored for meetings taking place in the meeting rooms, and reasonable support/set-up assistance is provided as requested.
   a. Recurring meetings may have a sign to be posted directing attendees to the appropriate room.
   b. The ADM staff member involved in the meeting may request assistance with room preparation.

B. At the end of the business day, the administrative support staff is responsible to insure that:

1. The reception area window is closed and locked.
2. The power is turned off on the break room coffee maker.

C. Telephone support:

1. The administrative support staff is responsible to answers calls received on their direct line and on the ADM Board's published business number (330-762-3500).
2. Effort should be made to answer all phone calls before they are transferred automatically to voicemail.
3. The administrative support staff should answer calls in a pleasant manner. (Example: "Good morning/afternoon, County of Summit ADM Board, how may I direct your call?")

4. The administrative support staff will transfer a caller to a requested staff member (via the telephone sidecar), or redirect to the appropriate agency. (Attachment B: Common Telephone Redirects.)

D. Providing scheduling support:

1. The administrative support staff will use the Microsoft Outlook Calendar program to arrange meetings for staff, or between staff and outside entities, as requested.

E. Providing administrative support:

1. The administrative support staff may assist ADM staff with formatting letters, distributing emails, and other projects that are approved by their respective manager.

F. Greeting visitors:

1. The administrative support staff will greet visitors, direct them to the appropriate meeting room as needed, or call the appropriate ADM staff member as necessary for instruction.
2. Visitors who arrive requesting services from the ADM Crisis Center will be provided with a copy of the map directing them to the ADM Crisis Center, and the crisis center phone number.
3. If the administrative support staff is not able to direct a visitor to a requested location, they will consult their supervising manager.

G. Providing mailing and FAX support:

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A: Faxes
Attachment B: Common Telephone Redirects

5. PROCEDURE HISTORY:

Effective Date: 1/1/2014	Version Date: 1/1/2014	Last Review Date: 6/6/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/5/2017
Staff responsible	Administrative Assistant, BOD & Operations; Administrative Assistant, Clinical Services			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Administrative Support

Procedure Number: AD 02

Procedure Title: Board of Directors' Meeting & Committee Meeting Notification and Support

1. PURPOSE

To ensure the County of Summit ADM Board of Directors and the public, in accordance with Ohio's Sunshine Laws, receive advance notice of meetings involving the ADM Board of Directors' meetings, and to provide the required recording of and support for such meetings.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The administrative support staff is responsible for ensuring all scheduled ADM Board of Directors' regular meetings and committee meetings are listed on the ADM Board website's calendar.

B. The administrative support staff is responsible for distributing via email, or by another means as requested, the ADM Board of Directors' scheduled meeting/committee notice packet one five business days prior to the date of any ADM Board of Directors' meetings to all members of the ADM Board of Directors, ADM Board staff, ADM Contract Agencies, media representatives, and other members of the public who request notification.

1. A Microsoft Outlook group contact for notifications will be maintained by the administrative support staff and Manager of Administration.

2. The ADM Board of Directors' regular meeting or committee meeting notice packet will consist of:
   a. Meeting notice (date, time, location of meeting)
   b. Agenda
   c. Minutes from the previous meeting
   d. Any other materials requested or approved by the Executive Director.

C. The administrative support staff is responsible for recording minutes at the ADM Board of Directors' regular meetings, and committee meetings.

1. Draft minutes will be submitted to the Manager of Administration within forty-eight (48) hours of the meeting.

2. The administrative support staff will provide the Board of Directors' Secretary a copy of the minutes for signature following approval.

3. The ADM Board of Directors meeting minutes will be maintained in the ADM Board's document management & filing system according to the RC-2.

4. RELATED PROCEDURES OR FORM TO BE USED

None

PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	6/6/2016	Click here to enter a date.	12/5/2017
Staff responsible	Administrative Assistant, BOD & Operations; Administrative Assistant, Clinical Services; Manager of Administration			
Approval	_____ Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Administrative Support

Procedure Number: AD 03

Procedure Title: Request for Client Information

1. PURPOSE

To establish a standard response to subpoenas and requests for client information and other records.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The administrative support staff is responsible for identifying requests for client information, and preparing the standard response letter modified to respond to the requester. (See Attachment A: Requests for Client Information Letter)

B. A copy of the addressed response letter and request for information will be maintained in accordance.

C. The addressed letter and original request for information will be returned to the sender via original method of correspondence (i.e.: FAX, email or USPS mail).

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A: Requests for Client Information Letter

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	6/6/2016	Click here to enter a date.	12/5/2017
Staff responsible	Administrative Assistant, BOD & Operations; Administrative Assistant, Clinical Services; Manager of Administration			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Administrative Support

Procedure Number: AD 05

Procedure Title: Equipment Maintenance

1. PURPOSE

To ensure office productivity by keeping office equipment in working order. Employees are to provide notice of all office equipment failures to the Administrative Assistants and/or the Manager of Administration.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The administrative support staff is responsible for requesting maintenance and repair service on copiers, printers, the postage meter, the coffee maker and other office equipment.

B. The administrative support staff will keep staff informed of the status of break downs and repairs to essential office equipment via email.

C. Xerox Copiers/Printers:

1. For repair maintenance:
   a. The administrative support staff will contact ComDoc
      (1) (1-800-321-4846) to report the need for a service call.
   b. When asked, provide the copier ID numbers:
      (1) Front Office Copier: ID #M2PO4
      (1) Work Room Copier: ID #MWJ15
   c. The administrative support staff will provide a description of the issues encountered, and seek the approximate arrival time for the technician.
2. There should be no charge for repairs, as they are covered under lease terms.

D. For all other individual printer maintenance and repair, consult the Manager of Information Technology.

E. Pitney Bowes Postage Meter:

1. For operating and troubleshooting instructions, consult the Pitney Bowes DM300c Quick Reference Guide (stored on the right of the meter,) or the Pitney Bowes Digital Mailing System DM300c, DM400c Operator Guide (stored in the cabinet drawer below the meter).

2. Refilling funds on Postage Meter
   a. Meter must be connected to Pitney Bowes Data Center via internet connection. (Meter is connected to internet per the Manager of Information Technology)

b. The meter can be refilled following the Postage By Phone® process described in the Operator Guide.
c. Follow on-screen prompts on the meter. After refill is completed, print refill report on a label. Add to listing in file. Exit

3. To check for adequate funds in the "Postage By Phone®" account:
   a. Press "Funds" button on meter
   b. Press "Menu" button
   c. Select "Check PBP Balance" - Meter will automatically connect to Pitney Bowes Data Center
   d. Data will show on screen
   e. Option will be given to print a report of the information. Print report. Exit.

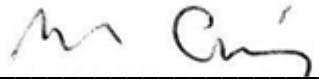
F. Coffee Maker or Filtered Water System

1. For repair/maintenance:
   a. The administrative support staff will contact Standard Coffee Service (1-800-962-7006) to report the need for a service call.
   b. The administrative support staff will provide a description of the issues encountered, and seek the approximate arrival time for the technician.

4. RELATED PROCEDURES OR FORM TO BE USED

Procedure AD 08: Office Supply Orders

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
1/1/2014	1/1/2014	6/6/2016	Click here to enter a date.	12/5/2017
Staff responsible	Administrative Assistant, BOD & Operations; Administrative Assistant, Clinical Services; Manager of Administration			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Administrative Support

Procedure Number: AD 07

Procedure Title: Patient Care System (PCS) Report

1. PURPOSE

To ensure daily completion and transmittal of the Patient Care System (PCS) report.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The administrative support staff is responsible for preparing the Patient Care System (PCS) Report weekly, on Tuesday, no later than noon, preferably earlier.

1. Go to URL: http://hod.odn.state.oh.us/
2. Choose: **Mainframe Access (Mod 4 – 43 x 80 Special)**
3. Select the **PF6** button
4. Type User ID: **bdsumm_ _** *(varies by user – See IT Department)* **<Enter>**
5. Enter the individually assigned password, (*varies by user)* **<Enter>**. The passwords are available from the Manager of Information Technology, and should be changed periodically.
   a. The reports to be printed and submitted are: 01, 02, and 06. Report 09 may be printed for individual ADM Staff, as requested.

6. **For Report 01 – ADMISSIONS BY BOARD**
   a. Enter Dates of Admission
      (1) During the first week of the month, enter the date seven (7) days prior to the current date (For example, on Tuesday the 8th enter the date for Tuesday the 1st .) After the first week, enter the starting date as the first of the month, through the current date.
      (2) Click or hit **<Enter>**
   b. Select **PrtScrn** button at the top of the screen
   c. Select **OK to print one copy of report 01.**
   d. Select: **MASTER** in the bottom right corner of the screen to return to Master report listing.

7. Select: **Report 02 – DISCHARGES BY BOARD**
   a. Enter Dates of Discharges
      (1) During the first week of the month, enter the date seven (7) days prior to the current date (For example, on Tuesday the 3rd enter the date for Tuesday the 26th.) After the first week, enter the starting date as the first of the month, through the current date.
      (2) Press **<Enter>**
   b. Select **PrtScrn** button at the top of the screen
   c. Select **OK to print one copy of report 02.**

d. Select: **MASTER** in the bottom right corner of the screen to return to Master report listing.

8. Select: **Report 06 – ONROLLS PATIENTS – LOS, RESIDENT DAYS, FORENSIC STATUS)**
   a. Select **BY HOSPITAL/PATIENT NAME**
   b. Select **PrtScrn** button at the top of the screen
   c. Select **OK to print one copy of on-screen view of report 06.**
   d. Select: **PAGE FORWARD** in the bottom left corner of the screen to see if the report continues onto another page. If so, following steps 1 and 2 above. (This step can be followed for any reports if indicated.)
   e. Select: **MENU** in the bottom right corner of the screen to return to Master report list.

9. IF REQUESTED by ADM staff,
   Select: **Report 09 – ONROLLS PATIENTS – REF. AGENCY, LOS, RESIDENTIAL DAYS**
   a. Select **PrtScrn** button at the top of the screen
   b. Select **OK to print on-screen page**
   c. Select: **PAGE FORWARD** in the bottom left corner of the screen
   d. Select **PrtScrn** button at the top of the screen
   e. Select **OK to print on-screen page**
   f. Select **PAGE FORWARD** and PrtScrn to make sure all pages are printed.
   g. Select **MENU** in the bottom right corner of the screen

10. **To exit the system:**
   a. Select the **SIGN OFF** button at bottom of screen
   b. Select the **Pause/Break** button on your keyboard, then type "**bye**;" click on the **X** in the upper right corner of the screen to exit the reporting system.

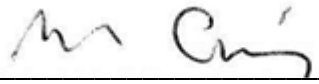
B. Once all reports are printed,
1. Fax Reports 01, 02 and 06 to appropriate staff member at Community Support Services (FAX: 330-253-0377.)
2. Make two (2) two-sided, stapled copies of the report.
   a. Place one (1) stapled copy in the Mental Health Treatment Coordinator's personal and confidential envelope in their mailbox.
   b. Place one (1) stapled copy in the Coordinator of Forensic Services' personal and confidential envelope in their mailbox.
   Coordinator of Forensic Services may also request additional Report 09.
3. When the fax is complete, staple fax confirmation sheet to the front of the report, and place entire packet in the confidential envelope of the administrative assistant responsible for maintaining the Probate Court Outpatient Commitment report.
4. The designated administrative assistant will utilize this report to record admissions/discharges from Northcoast Behavior Health in applicable OPC reports.

C. The system will notify when the PCS password needs to be changed – approximately every six (6) weeks. To change the password, follow the instructions on the sign-in screen. Share the new password to the Administrative Assistant and the Information Technology Specialist for backup purposes.

4. RELATED PROCEDURES OR FORM TO BE USED

NONE

5. PROCEDURE HISTORY:

Effective Date: 1/1/2014	Version Date: 1/1/2014	Last Review Date: 6/6/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/5/2017
Staff responsible	Administrative Assistant – BOD & Operations, Administrative Assistant - Clinical Services,			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Administrative Support

Procedure Number: AD 08

Procedure Title: Office Supply Orders

1. PURPOSE

To establish the approved process for ordering office supplies.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The Administrative Assistants and/or the Manager of Administration are responsible for maintaining supply stock and placing all general office supply orders.

1. Staff members making specific requests should write their requests on the "Supply Order Requests" form in the work room (See Attachment A). If the item is urgent, staff should communicate their request directly to the administrative support staff.
2. The Manager of Administration will assign or arrange for website log in credentials for administrative support staff.

B. General office supplies should be ordered through the Board's account on the Staples Advantage website: (http://www.stapleslink.com) or the other approved vendor.

1. Orders should be placed approximately once a month, and the administrative support staff should attempt to place orders of $50.00 or more in order to receive appropriate order and shipping discounts.
2. On the Staples Advantage website, select the ADM Board office as the shipping location.
3. Add items to cart as needed.
4. When complete, click "Checkout" and complete the order process.
5. All order notifications will be sent automatically by Staples to the Manager of Administration, who must approve the order online before it is processed. The Manager of Administration may edit, delete or add items to the order.
6. An "Availability of Funds for Purchases and Encumbrance Request" form does not need to be completed as there is an open purchase order number for the Staples account.

C. Copier/Printer Paper

1. Copy Paper is ordered through Staples as needed to ensure adequate stock.
   a. If administrative support staff should become aware of better pricing through a different vendor, the administrative support staff should notify and consult with the Manager of Administration.
2. Copier paper (white, 8.5 x 11 in.) should be ordered in quantities of five (5) cartons of 5,000 sheets (10 reams) each, due to storage constraints.

D. Business Cards

1. Business cards are ordered through Printing Concepts, 4246 Hudson Drive, Stow, Ohio 44224 (330-572-8200 ext. 112).

a. The administrative support staff will utilize the most recently approved template for business cards to produce as needed.
b. Administrative support staff will contact Printing Concepts to obtain a quote for different quantities of cards needed, i.e., re-prints for current employees, new cards for new employees. The name, title, direct line phone number and email address of the person(s) needing cards will be provided to Printing Concepts upon placing order.
c. After receipt of quote, administrative support staff will prepare an Availability of Funds for Purchase and Encumbrance Request, attach copy of quote, and submit to Manager of Administration for approval and issuance of Purchase Order.
d. AFTER issuance of Purchase Order, Administrative support staff will provide individual information to Printing Concepts.

2. Printing Concepts will provide a proof of the card(s) to be ordered.
3. The person for whom the cards were ordered (or the Administrative support staff) should review the proof for accuracy. Approved proofs should be signed-off on and returned to Printing Concepts with the final order.
4. Upon receipt of printed cards, administrative support staff will distribute cards and submit invoice to Accountant for payment.

E. Envelopes and Letterhead

1. Envelopes and letterhead are ordered through American Printing, Inc.,
   a. 1121 Tower Drive, Akron, OH 44305. (330-630-1121)
   b. Various envelope styles and blank letterhead bond are ordered as needed to maintain supply.
   c. Administrative support staff should obtain quote for various envelopes/ paper needed and prepare "Availability of Funds for Purchase and Encumbrance Request" before placing order.
   d. Upon receipt of ordered materials, administrative support staff will re-stock and submit invoice to Accountant for payment.

F. Equipment-specific toner, etc.

1. Xerox Copiers/Printers are leased from ComDoc. Black and color toners and other replacement supplies *(except staples)* are provided as part of the lease agreement.
   a. Contact ComDoc at 1-800-321-4846 to order supplies as prompted by equipment.
      (1) If staples need to be ordered, administrative support staff should obtain quote of cost and prepare required Availability of Funds before re-ordering.
   b. Supplies for both Xerox copiers are stored in the Work Room.

2. Other Printers
   a. Supplies for HP and other brand printers are ordered through Staples as needed, to be assured sufficient stock is on hand.
   b. Supplies are stored at designated printer locations.

3. Pitney Bowes Postage Machine (ink cartridges, postage tape strips, etc.)
   a. Administrative support staff should secure quote or pricing for materials needed by logging on to the Pitney Bowes website: www.pb.com

b. Choose “Buy Supplies Online”
c. Under Select Your Equipment, choose “DM300”
d. Find prices for ink cartridges, postage tape strips, etc., as needed and submit an “Availability of Funds for Purchases and Encumbrance Request” form for signature by Manager of Administration.
e. Upon receipt of approved purchase order, place order.
f. Postage Machine supplies are stored in the Work Room.

G. Coffee

1. Per contracted service, Standard Coffee Service will check coffee supplies on a 4-week basis and provide refills of materials as needed. The administrative support staff can request additional supplies through Standard Coffee Service (1-800-962-7006).
2. Coffee supplies are stored in the staff break room.

H. Upon delivery of ordered supplies/equipment, the administrative support staff will

1. Sign for delivery.
2. Date stamp and check packing slip that all ordered supplies are included. Initial and place packing slip in the Accountant’s mailbox.
3. Distribute the supplies to requesting staff, or to stock as indicated.

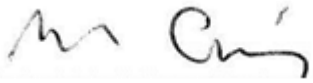
I. Unless otherwise stated, administrative support staff must obtain a quote of cost, fill out an “Availability of Funds for Purchases and Encumbrance Request” form for signature by the Manager of Administration. (See Procedure F2: “Purchasing Procedure”)

1. Only after receipt of the approved purchase order may the administrative support staff place the order for office supplies.

4. RELATED PROCEDURES OR FORM TO BE USED

Procedure F2: Purchasing Procedure
Attachment A: Supply Order Request Form
Procedure AD 05: Equipment Maintenance

5. PROCEDURE HISTORY:

Effective Date: 1/1/2014	Version Date: 1/1/2014	Last Review Date: 6/6/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/5/2017
Staff responsible	Administrative Assistant , BOD & Operations; Administrative Assistant, Clinical Services; Manager of Administration			
Approval	 The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Administrative Support

Procedure Number: AD 10

Procedure Title: Monitoring Report Surveys

1. PURPOSE

To establish a mechanism for ADM Board feedback on scheduled monthly monitoring of Board Management Connection, Board Process, Ends, and Executive Parameter Policies.

2. DEFINITIONS – N/A

3. PROCEDURE

The administrative support staff is responsible for creating and maintaining the Executive Director's Monitoring Report surveys, in accordance with the approved Monitoring Schedule.

A. Monitoring Report surveys are created electronically through the ADM Board's SurveyMonkey.com account. Log in credentials are supplied by the Manager of Administration.

B. To create a monitoring report survey:

1. Log in to the Board's SurveyMonkey.com account.
2. Select "+Create Survey" from the top right corner.
3. Select "Copy an existing survey".
4. Select most recent survey of similar design from the **Copy:** drop down menu.
   a. For Policy 1.0 and Policies 2.0 through 2.12, the 10 question format should be used.
      (1) A monitoring survey is not required for policies denoted on the schedule as internally monitored.
   b. For Board Process (3.0 - 3.8) and Board Management Connection (4.0 - 4.5) Policies, use the 7 question design.
5. Update the **Title** and **Nickname** to reflect the correct month, year, policy number and name, and select **Continue »**
6. Update the first bar under PAGE 1 with the correct title (by clicking it)
7. Update the text introduction of the survey (by clicking it.)
   a. Update the "DUE FOR SUBMISSION BY" date, to the "Board Review Completion Date" from the Monitoring Schedule.
   b. Update the policy title and language by copy and pasting the most up-to-date version from the Board Policy Manual into the survey.
8. Select **Send Survey »**
9. Select **Customize**, and correct the URL to fit the naming convention: https://www.surveymonkey.com/s/**monthYEAR_#_#policyname**
   such as, the August 2013 survey for Policy 2.2 Treatment of Staff: https://www.surveymonkey.com/s/August2013_2_2TreatmentofStaff
10. Once links for all necessary surveys are completed, paste the links into an email and send to the Executive Director for review and approval

a. The Executive Director is expected to email Monitoring Reports and Monitoring Report surveys to the Board of Directors by the "Report Due & Sent" date on the Monitoring Schedule, and may assign administrative support staff to assist.

b. The distribution of the survey should include a complete-by date, typically 8:00 a.m. eight (8) days prior to the Board Meeting, to allow a business day for the Executive Director to review and respond to questions and comments.

c. If necessary, survey changes can be made without affecting the URL and without affecting those who have not yet completed the survey.

C. Closing the Survey and Preparing the Summary Report

1. Closing the Survey
   a. Log in to the Board's SurveyMonkey.com account.
   b. From the "My Surveys" page, select the button under the Collect column of the desired survey report, an icon depicting 3 people.
   c. Under the Status column click **Open**
   d. Select **Stop Collecting Now**
   e. Select **Analyze Results** from the top, right corner.
   f. Along the left, select **Download Responses**
   g. Under 1. Choose Type of Download, select **Summary Report**, and select the checkbox for "Include open-ended responses".
   h. Under 2. Choose Format, select **PDF Format**, and click **Request Download**. Download summary reports for all due monitoring report surveys and **de-select** option to "start each response on a new page".
2. Preparing Summary Report
   a. In Adobe Acrobat, select **Combine Files into PDF**, or File > Create > Combine files into a single PDF.
   b. Drag the relevant summary report PDFs into the box, and select **Combine Files**.
   c. Email the final document to the Executive Director.

4. RELATED PROCEDURES OR FORM TO BE USED - NONE

5. PROCEDURE HISTORY:

Effective Date: 1/1/2014	Version Date: 1/1/2014	Last Review Date: 6/16/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/15/2017
Staff responsible	Administrative Assistant – BOD & Operations, Administrative Assistant - Clinical Services			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Community Relations

Standard Operating Procedure

Department: Community Relations

Procedure Number: COM 09

Procedure Title: Media Relationships

1. PURPOSE

To provide a guide for establishing and maintaining positive working relationships with the media. Representatives from print, broadcast and online media play a key role in helping the ADM Board inform the public about a variety of topics related to mental health and addiction.

A. Media inquiries received at the ADM Board will be referred to the Manager of Community Relations or Executive Director for response.

B. On a regular basis, the ADM employees noted above will outreach to media contacts to provide information and/or pitch stories that would be of interest to the public. This may include requests to participate in TV or radio interviews, submitting Letters to the Editor or opinion essays, and/or web-based communications.

C. All types of communications regarding a local crisis will follow the protocol outlined in the ADM Board Crisis Communications Management Plan. (Attachment A)

2. DEFINITIONS – N/A

3. PROCEDURE

A. Any ADM Board employee approached in person, in writing, or by telephone by a media representative for comment, or information, shall refrain from commenting and refer the individual to the Manager of Community Relations or the Executive Director.

B. The Executive Director will provide ADM Board members with media information in compliance with the Executive Limitation Policy 2.6, Asset Protection, and as needed.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A: ADM Board Crisis Communications Management Plan
Governance Policy 2.6, Asset Protection

Continued

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	9/15/2014	6/16/2016	Click here to enter a date.	12/15/2017
Staff responsible	Manager of Community Relations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Community Relations

Procedure Number: COM 10
Procedure Title: Updating Online Communication channels including ADM Board Website and Social media sites

1. PURPOSE

To ensure timely communication and promotion of information related to resources available to the community and the work of the ADM Board.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The Community Relations staff is responsible for keeping the information on the ADM Board websites and social media sites up to date and relevant.

B. On a regular basis, all online communication channels will be reviewed for accuracy and impact by a review of related analytics.

C. Requests for information / inquiries off of the websites or social media will receive a timely response, usually within 24 hours of the request.

D. Website inquiries involving Client's Rights or access to services will be referred to the Associate Director of Clinical Services for follow up.

4. RELATED PROCEDURES OR FORM TO BE USED

Procedure AD 02: Board of Directors' Meeting & Committee Meeting Notification and Support

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
6/23/2016	6/23/2016	6/23/2016	Click here to enter a date.	12/21/2017
Staff responsible	Manager of Community Relations; Communications and Community Outreach Coordinator			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Community Relations

Procedure Number: COM 11

Procedure Title: Public Speaking Requests

1. PURPOSE

The ADM Board invests in quality addictions, mental illness treatment and prevention services for the citizens of Summit County. An important part of the Board's role is to educate our community on trends, issues, and best practices related to these services. As such, the ADM Board has a process for matching information requests with appropriate presenters. It is the intent of this policy to coordinate community requests and capture data on all speaking requests from the community. This procedure pertains to presentations requested that are outside of the scope of routine, technical assistance that ADM Board staff provide to contract agencies.

2. PROCEDURE

A. Requests originating from the ADM Board or Opiate Task Force websites are submitted via email to the Communications and Community Outreach Coordinator and the Manager of Community Relations.

B. All requests for public speaking engagements from the ADM Board or Opiate Task Force Website, community events and staff contact will be tracked.

C. Requests will be processed by the Community Relations department staff in consultation with other ADM Board and / or provider agency staff as needed. This includes making a recommendation for an appropriate speaker, confirming their interest and availability, and confirming with the party making the request.

D. Within a week after the date of the assigned speaking appointment, the Communications and Community Outreach Coordinator will follow up with the requestor and speaker to obtain their feedback and recommendations.

E. On an annual basis, all speaking request documents will be aggregated and available for other reports.

3. RELATED PROCEDURES OR FORM TO BE USED

NA

4. PROCEDURE HISTORY:

Effective Date: 7/1/2016	Version Date: 6/6/2016	Last Review Date: 1/30/2014	Retired Date:	Next Review Date: 7/1/2017
Staff responsible	Communications and Community Outreach Coordinator; Manager of Community Relations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Finance

Standard Operating Procedure

Department: Finance

Procedure Number: F1

Procedure Title: Cash Receipts

1. PURPOSE

To record all cash, checks, direct deposits, and deposit funds via the County Fiscal Office.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Direct Deposits

1. All emails related to direct deposits, received by Finance Department staff, are printed out and used as supporting documentation for corresponding deposits.
2. The Associate Director of Operations provides the Accountant-Financial Statements with copies of draw requests or invoices.
3. The Associate Director of Operations/Accountant reviews the supporting documentation and codes the program number and account for the funds expected.
4. The Ohio Administrative Knowledge System (OAKS) is checked daily for processed direct deposits. All Summit County deposits are shown. Deposits with the Agency ID of DMH, DYS or RSC are the usual codes for the ADM Board. The list showing the direct deposit is printed from OAKS.
5. The Accountant reviews the Banner system for unclaimed wires. After the county posts the unclaimed wire, the Accountant adds the required information to claim the deposit. (Attachment A)
6. The information is entered into Banner. Once the confirmation email from the web site documenting the claim has been received, it is reviewed and printed. The supporting documentation is attached.
7. The Summit County Accounting Office provides via email a Summit County Revenue Posted Report (Attachment B) to the Accountant. The Accountant verifies the amount of the deposit, program number, and account. The Accountant notes the receipt number on the upper right-hand corner of the report. Once all posting notices are received, the Accountant submits the previous month's Revenue Posted Reports and supporting documentation to the Accountant-Financial Statements. The Accountant-Financial Statements reviews the program number and account for errors. Should there be an error, the Accountant-Financial Statements corrects the error. The Accountant-Financial Statements creates the QuickBooks Cash Pay-Ins by Date report and prints it. (Attachment C) The report is placed with the file copies of the Direct Deposit form, Revenue Deposit form, and back-up documentation. The Associate Director of Operations reviews and initials the report. All items are filed by month in a secured cabinet.

8. The Accountant-Financial Statements balances the QuickBooks Cash Pay-Ins by Date report to the County of Summit financial statement. Any variance is noted and appropriate corrections are made.

B. Cash and Check Deposits

1. The Administrative Assistant logs cash and checks received in the daily deposit log. The deposit log is emailed to the Accountant, Accountant – Financial Statements and the Associate Director of Operations. The Administrative Assistant forwards all cash and checks along with the supporting documentation to the Finance Department. If no cash or checks are received, the Administrative Assistant sends an email stating "no cash or checks received today" to the Accountant, Accountant – Financial Statements and the Associate Director of Operations.
2. Checks may not be changed or altered by ADM Staff.
3. The Finance Staff reviews and codes the program number and account for the funds received. In cases where payment is in response to an invoice the ADM Board prepared, the Accountant will code the deposit in accordance with the account information noted on the invoice.
4. The Accountant endorses each check "For Deposit Only Summit County Fiscal Officer".
5. The Accountant enters the amount of the check and cash in QB and writes a receipt for all cash received and signs it.
6. The Accountant prepares a "Revenue Deposit" form (Attachment D) and makes one (1) copy of the revenue deposit form, check, and supporting documentation. The original and a copy are taken to the Summit County Fiscal Office on the next business day when the amount is $1,000 or greater and not to exceed three business days when the amount is less than $1,000 (ORC 9.38). The Summit County Fiscal Office acknowledges receipt of the documentation by stamping both copies "received," initials, and dates the same. The Summit County Fiscal Office keeps the original documents. The Accountant retains the copies.
7. The Summit County Fiscal Office provides via email a Summit County Revenue Posted Report (Attachment B) to the Accountant when the cash and checks (endorsed by the County) have been deposited at the bank.
8. The Accountant verifies the amount of the deposit, program number, and account. If cash is received, the Accountant notes the receipt number on the upper right-hand corner of the report.
9. Once all posting notices are received, the Accountant submits the previous month's Revenue Posted Reports and supporting documentation to the Accountant-Financial Statements. The Accountant-Financial Statements reviews the program number and account for errors. Should there be an error, the Accountant-Financial Statements corrects the error. The Accountant-Financial Statements creates the QuickBooks Cash Pay-Ins by Date report.
10. The QuickBooks Cash Pay-Ins by Date report is printed (Attachment C) and placed with the file copies of the Direct Deposit form, Revenue Deposit form, and back-up documentation. The Associate Director of Operations reviews and initials the report.

11. The Accountant-Financial Statements balances the QuickBooks Cash Pay-Ins by Date report to the County of Summit financial statement. Any variance is noted and appropriate corrections are made. The QuickBooks Cash Pay-Ins by Date report and supporting documentation are filed by month in a secured cabinet.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Deposit Claim
Attachment B – Summit County Revenue Posted Report
Attachment C – QuickBooks Cash Pay-Ins by Date Report
Attachment D – Revenue Deposit form

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
0701/2005	7/1/2005	5/17/2016	Click here to enter a date.	11/15/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F2

Procedure Title: Purchasing Procedure

1. PURPOSE

To establish a procedure for preparing an Availability of Funds for Purchases, an Encumbrance Request form to obtain a certified Purchase Order, and a check for payment of expenditures.

No orders or contracts involving the expenditure of funds can be made unless there is an approved Purchase Order entered in Banner before the order is placed with the vendor.

Any employee who issues an order or contract before the Purchase Order is approved may be liable to the County of Summit for the full amount paid from the County's funds.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Availability of Funds Form (See Attachment A)

1. Before an order is placed or contract issued, an Availability of Funds for Purchases and Encumbrance Request form must be completed by the requestor.
   a. All quotes, registration forms, product trial information, or back-up documentation for the expenditure will be attached to the form. If a form is to be mailed with the check, the original and a copy is required.
   b. The requestor and their supervisor will sign the form.
   c. All forms dealing with computer hardware, software, or support, and telephone equipment and support will be forwarded to the Manager of Information Services for review.
   d. If a contract is required, it will be included with the availability form for review and signed by the Executive Director.
   e. The Availability of Funds for Purchases and Encumbrance Request form will be sent to the Associate Director of Operations.
   f. The requestor is not required to complete the account section.
2. The Associate Director of Operations will approve the Availability of Funds for Purchases and Encumbrance Request form, if the funds are available.
   a. The Associate Director of Operations will note the applicable account on the form.
   b. The requestor will be notified when funds are not available.

3. If the funds are available, the Availability of Funds for Purchases and Encumbrance Request form will be routed to the Accountant to prepare a Purchase Order.

B. Purchase Order (See Attachment B)

1. The Accountant will use the next open Purchase Order number in the Excel spreadsheet named Purchase Order Ledger. The vendor and amount will be logged next to the Purchase Order number in the spreadsheet.
2. The Accountant logs into Quick Book (QB) and enters data necessary to process and print the Purchase Order. (See Attachment C)
3. The Purchase Order information is entered into Banner and then scanned into Extender. The Accountant will initial the Purchase Order to indicate that it has been entered.
4. The Purchase Order will be forwarded to the Associate Director of Operations for approval in Banner who will initial the Purchase Order after it has been approved
5. Once the Purchase Order has been approved in Banner by the Summit County Fiscal Officer, payments can be processed.
   a. The Finance Staff will notify the encumbrance initiator by email when the purchase order has been issued and approved.
   b. The Finance Staff will notify the encumbrance initiator as to the steps necessary to complete the purchase, if any.
6. The original Purchase Order is filed in numerical order.

   If needed, a copy of the approved purchase order is given to the staff member initiating the request. The Staff Member may now proceed with ordering and/or purchasing, contract for services, etc. If the staff member submitted an order form, registration form, or required contract payment documentation with their availability form, the Accountant will begin the process to issue a check. If not, the Accountant will hold a copy until invoiced.
7. The invoice is checked to the open purchase order for accuracy. If there is a variance, the Accountant notifies the requestor and reconciles.

C. Accounts Payable / Check Issuance

1. The Accountant gathers invoice and a copy of Purchase Order (with Availability of Funds for Purchases and Encumbrance Request form).
2. The Accountant uses the copy of the Purchase Order to keep a manual log of the remaining balance of the Purchase Order. If a balance remains after the voucher is processed, it will be filed with the open Purchase Orders. If the Purchase Order is depleted, it is stapled to the voucher. A General Encumbrance Close Request is prepared and entered in Banner only after the check for the corresponding voucher is written.
3. Accountant logs into QB and enters data necessary to produce a voucher. (See Attachment D)

4. Voucher is printed and number stamped. (See Attachment E)

5. The Accountant assembles the voucher face sheet and invoice to be entered into Banner and scanned into Extender.

   a. The set is then stapled and an extra copy of the invoice is made, if needed, and paper-clipped to this set. If a Purchase Order has been depleted, the copy of the Purchase Order marked with a zero (0) balance and related documents are stapled to the back of the ADM Board voucher set.

   b. A voucher listing is exported from Banner into Excel and divided into two lists, both are to be emailed to the Associate Director of Operations or designee.

      (1) One listing will consist of the vouchers to be paid by wire transfer labeled "ACH".
      (2) The second voucher listing will be of vouchers to be paid by check.

6. The voucher set is forwarded to the Associate Director of Operations or designee who will approve (initialed) or disapprove (returned to Accountant) in Banner.

   a. After approval, the voucher lists are emailed by the Associate Director of Operations, or designee, to the Summit County Fiscal Officer's Accounting Department. The ACH voucher approval and corresponding list submission must be completed by Tuesday.

   b. An ACH Transfer Form will also be completed for all vouchers on the wire transfer listing and emailed to the designated person(s) at the County Fiscal Officer's Investment Division by Tuesday for payment on Friday. (See Attachment F)

   c. The voucher is returned to the Accountant and filed in "Holding for Checks" until the check is received.

7. The County Fiscal Officer's Investment Division will provide email verification to the ADM Board of completion of the wire transfers along with a copy of check issued to "Summit County Fiscal Office ACH Payment from ADM Board"

   a. A copy of the ACH check is stapled to each corresponding voucher and an email with attached vendor payment letter and documentation is sent to each agency paid by ACH with the effective date of the deposit included.

8. The Summit County Fiscal Officer's Accounting Department contacts the ADM Board to advise when the checks are ready to be picked-up.

   a. When checks are picked-up, the Accountant reviews the printed copy of the voucher listing for any denied vouchers. The listing is signed and dated to indicate the checks have been picked-up. The voucher listing is left with the Summit County Fiscal Officer's Accounting Department. Checks are brought back to the ADM Board.

      (1) All checks are stamped with the ADM Board stamp on the upper section of the check stub. One copy of each check is made. Checks are to be stored in a secured cabinet until processed.

(2) The Accountant reviews checks and pulls related documents from "Holding for Checks" file. The original check and copy of the invoice (as paper-clipped to the ADM Board voucher set) are placed in an envelope. The copy of the check is stapled to the ADM Board voucher set. The date the check was mailed or delivered is recorded on the check copy. Checks are mailed directly to vendors unless otherwise specified by staff members initiating a request.

9. The Accountant logs into QB and enters the check date and number in the Pay Bills screen. The Accountant initials the copy of the check, by the check number, to document the information has been entered into QB.

10. Paid vouchers are filed by vendor name in a secure file by year paid.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Availability of Funds
Attachment B – Purchase Order (PO)
Attachment C – QuickBook log in/data for PO
Attachment D – QuickBook log in/data for voucher
Attachment E – Printed Voucher
Attachment F – Summit County ACH Transfer Form

5. PROCEDURE HISTORY:

Effective Date: 8/30/2005	Version Date: 8/30/2005	Last Review Date: 5/17/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/15/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F3

Procedure Title: Securing and Safeguarding Personal Health Information (PHI)

1. PURPOSE

To comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), all protected health information will be kept confidential.

2. DEFINITIONS – N/A

3. PROCEDURE

A. All hard copy information containing personal health information (PHI) will be secured each night in a locked file cabinet, desk, or overhead bin.

B. When employees leave their work stations, computers must be logged out of Office Software to include Diamond and Great Office Solution Helper(GOSH).

C. When employees are away from their work area, any hard copy information with PHI should be secured until they return to their area.

D. Data files of PHI are only to be stored on the O:\ or H:\ drive. No data files containing PHI are to be maintained on the C:\ drive or diskettes to prevent unauthorized access.

E. Vouchers will not be sent to the County with any PHI included.

F. Vendor files of paid items that contain PHI will be locked nightly.

G. No PHI will be sent via regular email.

H. PHI may be sent using secure email.

I. No data files or reports with PHI may be taken out of the ADM Board office without the written approval of the Associate Director of Operations or the Executive Director. The approval will state the reason the reports may be taken out of the office, the date they are being taken out of the office, and a date they are to be returned. The reports will be returned to the Associate Director of Operations for check-in.

4. RELATED PROCEDURES OR FORM TO BE USED

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	5/23/2016	Click here to enter a date.	11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F4

Procedure Title: Vendor Account Maintenance

1. PURPOSE

To establish a procedure to create and maintain accurate vendor account information in the accounting system.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Set-Up of New Vendor Accounts

1. New and expired Summit County vendors are sent a blank copy of the Substitute W-9 form with a request to complete the form and return it to the County of Summit Alcohol, Drug Addiction and Mental Health Services Board Finance Department. (See Attachment A)
2. Accountant emails the original completed W9 to FiscalFinance@summitoh.net at the Summit County Fiscal Officer's Accounting Department and requests a new vendor account be set up in "Banner."
3. Accountant verifies that vendor is established at the County via Banner web portal.
4. Accountant logs into QuickBooks (QB) and enters required data. (See Attachment B)
5. Accountant files the W9 in the vendor payment file.

B. Vendor Account Revisions

1. Vendor requests a change of vendor name or address.
2. Accountant logs into QB and enters required data. (See Attachment B)
3. Accountant e-mails the Summit County Fiscal Officer's Accounting Department and requests a change be made in "Banner." A Copy of the vendor's invoice or a new W9 showing the new address is scanned and attached to the email.
4. Accountant verifies that the changes have been made at the County via Banner web portal.
5. Accountant files the completed W9 in the vendor payment file.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Substitute W-9 form
Attachment B – QuickBook log in/data for Vendor (new and revisions)

5. PROCEDURE HISTORY:

Procedure No. F4 - Vendor Account Maintenance

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	5/17/2016	Click here to enter a date.	11/15/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F7

Procedure Title: Purchase Order – Increase, Decrease and Discharge

1. PURPOSE

To establish a procedure for recording changes to a purchase order.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Purchase Order Increase and/or Decreases

1. A "General Encumbrance Balance Change Request" is completed and signed by the Accountant initiating request for increase and/or decrease. (Attachment A)
2. Adjustment noted by Accountant initiating request on the County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board's work copy of the purchase order.
3. Accountant initiating increase/decrease makes the necessary adjustment in QuickBooks and makes the notation "QB" on the General Encumbrance Balance Change Request. Changes are also entered into Banner and documentation scanned into Extender. (Attachment B)
4. Original form and the supporting documentation for the change are sent to the Associate Director of Operations or designee for approval through the County of Summit Banner web portal. Once the change has been approved in Banner, the form will be initialed and returned to the Accountant.
5. If the Associate Director of Operations or designee disapproves the change, it is denied in Banner and returned to the Accountant. The Accountant will remove the change from Banner and reverse the change in QuickBooks.
6. The original, approved change request is kept with the work copy of the purchase order. A copy of the request, with back up, is given to the Accountant-Financial Statements who verifies appropriate adjustments are made in Banner and QuickBooks.
7. Accountant-Financial Statements maintains a file of adjusted purchase orders by year in a file cabinet.

B. Purchase Order Discharge

1. Purchase Order with Balance
   a. A "General Encumbrance Close Request" is completed and signed by the Accountant initiating the request for purchase order discharge. (Attachment C)
   b. The Accountant closes the purchase order in QuickBooks by entering a check mark beside the amount(s) to be discharged and notes "QB" on the General

Encumbrance Close Request. A note is added in QB with the date and amount discharged.

c. The Accountant processes the close request in Banner and the "General Encumbrance Close Request" is scanned into Extender.

d. Original form and the supporting documentation for the discharge are sent to the Associate Director of Operations or designee for approval through the County of Summit Banner web portal. Once the change has been approved in Banner, the form will be initialed and returned to the Accountant. The original form is given to the Accountant-Financial Statements along with a copy of purchase order and supporting documentation.

e. Discharge form with a copy of the purchase order are maintained in a file by year by the Accountant-Financial Statements

f. The Accountant reviews the month end County report to ensure the discharge in Banner and QuickBooks occurred correctly. If it was not completed correctly, the Accountant will follow-up to resolve any errors.

C. Exhausted Purchase Order

1. After the check is written for a voucher exhausting a Purchase Order, a General Encumbrance Close Request is completed and signed by the Accountant initiating the request for purchase order discharge. The amount will always be 0.

2. The Accountant processes the close request in Banner and the "General Encumbrance Close Request" is scanned into Extender. No action is required in QB as the Encumbrance will be closed when the voucher is processed.

3. Original form is sent to the Associate Director of Operations, or designee, for approval through the County of Summit Banner web portal. Once the change has been approved in Banner, the form will be initialed and returned to the Accountant. The form is given to the Accountant – Financial Statements, after the notation "Banner Only" is written on the form.

4. Discharge form is maintained in a file by year by the Accountant-Financial Statements.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – General Encumbrance Balance Change Request form
Attachment B – Procedure for documenting changes to PO
Attachment C – General Encumbrance Close Request form
Attachment D – QuickBooks discharge procedure

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 5/17/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/15/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F8

Procedure Title: Travel, Training, Seminar & Other Business Expense Reimbursement

1. PURPOSE

To establish a procedure for reporting and reimbursing actual, necessary, and reasonable expenses incurred by County of Summit Alcohol, Drug Addiction and Mental Health Services Board employees while conducting official Board business.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Seminar and Training: In order to attend a seminar, training, or conference, a "Training and Development" form must be completed by the employee and approved by the supervisor (Attachment A).

1. After approval, the Training and Development form is attached to the Availability of Funds for Purchases and Encumbrance Request form (See Attachment B) which is to be completed by the employee seeking approval for the expenditure. The form will include the cost of the seminar, hotel, and car rental. It will be routed to the employee's supervisor for approval. After approval the supervisor will send it to the Associate Director of Operations to encumber the funds.

2. A copy of the "Training and Development" form is also to be forwarded to the Manager of Administration (see procedure HR 1.3).

B. Mileage:

1. Employees will be reimbursed for mileage driven in their personal automobiles while carrying out the business of the Board. Mileage is reimbursed for travel during work hours or for assigned community events, seminars and trainings outside of scheduled work hours.

2. When employees attend community events, seminars and trainings that have not been assigned and approved by their supervisor, they are not eligible for mileage reimbursement.

3. The mileage rate reimbursed shall be consistent with, and not exceed, the Internal Revenue Service (IRS) rate.

4. Any gasoline, damages, needed services, or repairs to private vehicles are the responsibility of the employee, as these costs are included in the per mile cost.

5. The vehicle shall be insured by the owner, and the owner shall save and hold harmless the County of Summit ADM Board, from any and all claims arising from such use. All employees will be provided a waiver (Attachment C) by the Manager of Administration indicating their awareness of the State of Ohio insurance requirement and that their vehicle be insured. The waiver will require each employee to provide proof of insurance along with a valid

driver's license. The waiver will be maintained by the Manager of Administration and updated annually. Employees whose insurance documentation and valid driver's license is not on file will not be reimbursed for mileage and will not be authorized to use their personal vehicles for ADM Board business until such proof has been presented. Should an employee become involved in an accident while on ADM Board business, the employee is to notify their insurance company and the Manager of Administration promptly, providing full details.

6. Employees are encouraged to carpool whenever possible. When more than one (1) employee travels in the same vehicle, no more than one (1) employee may claim reimbursement for mileage expenses.

7. Employees will not be reimbursed for travel from their homes to the ADM Board, and vice versa.

8. When an employee's work schedule requires him/her to begin travel from home, or to return directly home from travel, the travel points used to determine reimbursable mileage shall be either the individual's home or his normal place of work (the ADM Board), whichever is the least distance from the destination or point of departure.

C. Meals: Requests for reimbursement of expenses for meals and gratuities, accompanied by an original receipt, shall not exceed the Internal Revenue Service (IRS) per diem guidelines without prior authorization by the Executive Director. Meal reimbursements for travel outside the county, not involving an overnight stay, will be processed for reimbursement to the employee in their bi-weekly paycheck, and taxes will be withheld pursuant to IRS regulation. No in-county meals will be reimbursed without prior authorization from the Executive Director. If an employee is eligible for two (2) or more meals in a given day, the per diem reimbursement may be combined.

D. Lodging: Expenses will be reimbursed only when circumstances are such as to preclude travel on the same day (i.e., weather, late meeting, etc.). When an employee's spouse accompanies him/her on ADM Board business requiring overnight travel, the amount of lodging expense reimbursed shall be the rate charged by the lodging place for single occupancy rooms.

E. Miscellaneous Expenses: Expenses for faxes, copies, telephone calls, internet access, rental of equipment, rental of office facilities, business meetings and other business expenses that are required to conduct ADM Board business will be reimbursed. Such items must be itemized, receipted and explained.

F. Non-Reimbursable Expenses:

1. Laundry or dry cleaning;
2. Room and valet services;
3. Alcoholic beverages;
4. Spouse's lodging and meals;
5. Fines;
6. Towing charges;
7. Automobile parts and repairs;

8. Entertainment and movies

9. Personal phone calls.

Any questionable expenses will be left to the discretion of the Executive Director.

G. Travel Expense Form: Requests for reimbursement of travel and business expenses shall be submitted on a monthly basis on a Travel Expense Form in Excel format. (See Attachment D)

1. The following items must be completed by the employee seeking reimbursement of travel expenses:

   a. Employee Name

   b. Period covered by form (example, From: 5/1/2013 Thru: 5/31/2013)

   c. Date of the expenditure

   d. Travel Points: to include the agency/company visited, city, state (if other than Ohio), and the reason for the trip

   e. Mileage

   f. Parking fees (attach original receipts)

   g. Meals (attach original receipts)

      (1) Meal reimbursements for travel outside the County not involving an overnight stay will be taxable as a fringe benefit. The employee will receive reimbursement in their bi-weekly paycheck and taxes will be withheld pursuant to IRS guidelines.

      (2) Meal reimbursements for travel outside the County involving an overnight stay are not subject to the preceding provisions and will continue to be paid on a County vendor check after submission of an approved travel expense report.

      (3) In County meals will be reimbursed with prior authorization of the Executive Director. In County meals will be taxable as a fringe benefit. The employee will receive reimbursement in their bi-weekly paycheck and taxes will be withheld pursuant to IRS guidelines.

   h. Lodging paid by employee (attach original receipts)

   i. Lodging paid by the ADM Board with a County vendor check (deliver receipts to the Accountant who will attach to voucher)

   j. Other Expense (attach original receipts): describe the expenditure

   k. Advances for grant related expenditures that are time sensitive may be made with the written approval of the Executive Director. In this situation, receipts will be turned in by the employee. The Accountant will complete a reconciliation of receipts vs the advance to determine if funds are due to or from the employee.

   l. The employee will sign and date the form.

2. The employee will send the form, with original receipts, to their supervisor for signature.

3. The supervisor will forward the approved original form, with receipts to the Accountant for processing.

H. Accountant responsibilities:

1. Audit the form against this policy, and review for the appropriate signatures. Any errors will be noted and corrected by the Accountant. Notification of errors that affect the amount of the reimbursement request will be completed with the employee and their supervisor before further processing will occur.

2. Prepare a voucher with supporting documents for the Associate Director of Operations. (See F2 - Purchasing Policy for details)

3. The Associate Director of Operations will review the requested expenditure and if appropriate approve it through the County Banner web portal. After approval in Banner, the Associate Director of Operations will initial the voucher and return it to the Accountant.

4. Expense forms containing meals for non-overnight travel will be copied and forwarded to the Accountant for inclusion on the next payroll. A note will be made on the Travel Expense Form of the date included in payroll.

5. The Accountant or other fiscal employee authorized by the ADM Board, will pick up checks, which are issued by the County of Summit Fiscal Officer.

6. Attach a copy of the check to the voucher and file it by vendor name.

7. Deliver the check to the employee.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – ADM Board Training and Development Form
Attachment B – Availability of Funds and Encumbrance Form
Attachment C – Insurance Waiver
Attachment D – Travel Expense Form
Procedure No. F2 – Purchasing Procedure

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	5/17/2016	Click here to enter a date.	11/15/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F9

Procedure Title: State and Federal Funding Requests

1. PURPOSE

To establish a procedure for requesting state and federal funds from the Ohio Department of Mental Health and Addiction Services (Ohio MHAS) and any other state and federal funder based on their procedures.

2. DEFINITIONS – N/A

3. PROCEDURE

Requests by paper form:

A. The Associate Director of Operations will utilize the forms and procedures provided by the funder to request state and federal funding.

B. The Associate Director of Operations will prepare the state and federal funding request and sign the form as the Requester.

C. The Executive Director or designee will sign the request, if required.

D. The Associate Director of Operations will mail, fax or e-mail the forms to the appropriate contacts and retain the request forms by funding year.

E. The Associate Director of Operations will provide the Accountant-Financial Statements with a copy of the request to insure the payment is received. Should a payment not be received in 30 days, the Associate Director of Operations will be notified.

F. The Accountant-Financial Statements or Accountant will utilize the F1 Cash Receipts procedure to process the funds received.

Requests by web based paper form:

A. The Associate Director of Operations will utilize the forms and procedures provided by the funder to request state and federal funding.

B. The Associate Director of Operations will prepare the state and federal funding request via the web site and submit the request for funds.

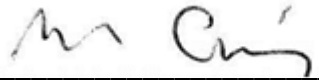
C. The Associate Director of Operations will print a copy of the web based request for funds.

D. The Associate Director of Operations will provide the Accountant-Financial Statements with a copy of the request to insure the payment is received. Should a payment not be received in 30 days, the Associate Director of Operations will be notified.

E. The Accountant-Financial Statements or Accountant will utilize the F1 Cash Receipts procedure to process the funds received.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	5/23/2016	Click here to enter a date.	11/21/2017
Staff responsible	Associate Director of Operations			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F11

Procedure Title: Ability to Pay Exception Request

1. PURPOSE

To ensure Summit County constituents are not financially barred from receipt of alcohol, drug addiction, and/or mental health care, the provision of Board subsidy of financial co-pays is available to individuals based on need. Board subsidy is available to agencies with a current Board Contract to Provide Non-Medicaid Behavioral Health Services.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Providers should reference the Ability to Pay Parameters and Scale (Attachment A) to calculate the required client co-pay for services. Ability to Pay Parameters is included in the Board Contract to Provide Non-Medicaid Behavioral Health Services.

B. To request a waiver of co-payments, contract providers must complete and sign the Ability to Pay Exception Request form. (Attachment B)

C. All requests for a waiver and/or payment reductions must be accompanied by documentation (i.e. proof of income, or any other documentation used to determine the need for waiving payment).

D. The provider should submit completed Ability to Pay Exception Requests to the Board Finance Department for final approval.

E. The Accountant reviews the Ability to Pay Exception Request and completes and signs under the "Board Use Only" section.

F. The Associate Director of Operations reviews the form and counter-signs.

G. The original Ability to Pay Exception request form and accompanying documentation is returned to the agency.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Ability to Pay Parameters and Scale
Attachment B – Ability to Pay Exception Request Form

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 5/18/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/16/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F13

Procedure Title: Out of County (OOCTY) Remittance Processing

1. PURPOSE

To ensure that Out of County (OOCTY) Non-Medicaid Remittances are processed so that payments are made within thirty days of remittance advice (RA) date.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The Manager of Information Technology will provide zero ($0.00) net RAs to the Claims Adjudicator. After receiving the zero net RAs the Claims Adjudicator will perform the following tasks.

1. Create CDs with RA detail for OOCTY providers that have RAs with payable claims, RAs with net negative claims amounts and zero net RAs that have requested electronic claims data
2. Match the $0.00 (zero balance) RA summaries with the MACSIS RA disks and mail to the agencies once every thirty (30) days.
3. Forward CDs with RA detail for OOCTY providers that have RAs with payable claims and RAs with net negative claims amounts to the Accountant

B. After receiving the RAs from the Manager of Information Technology and the CDs from the Claims Adjudicator the Accountant will perform the following tasks.

1. Check the RA Summary against the vendor summary pages to ensure that all the payable and OOCTY printed RA's have been received.
2. Copy the vendor summary pages. The original is attached to the voucher; the copy is attached to the check sent to the vendor.

C. Check past negative RA's against current RA for possible offset of payment.

D. Separate the Summit County RA's from the OOCTY RA's.

1. Summit County payments are processed weekly.

E. Process a purchase order for any OOCTY RAs to be paid.

1. OOCTY agencies are to be paid once a month and/or within thirty (30) days of receiving the RA.

F. Enter the RA's into QuickBooks. (See F2 - Purchasing Procedure)

G. Print the vouchers and combine with the RAs, then enter the vouchers into Banner and scan supporting documentations into Extender.

H. Route to the Associate Director of Operations for approval (initial voucher) or disapproval (voucher returned to Accountant for revision) in Banner.

I. Put the negative RA's in the file to offset future payments to the agencies.

J. After receiving the checks from the Summit County Fiscal Officer,

1. Make a copy of the checks.
2. Match check with the RA. Mail RA Agency Summary with RA disk and the check to the agencies.
3. Write on the check copy the date the check was mailed and attach to voucher.

K. Enter the check numbers and check date into QuickBooks.

L. File the voucher and all supporting documents by vendor by year paid.

4. RELATED PROCEDURES OR FORM TO BE USED

Procedure No. F2 – Purchasing Procedure

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	5/18/2016	Click here to enter a date.	11/16/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F14

Procedure Title: Time Sheet and Payroll Processing

1. PURPOSE

To establish a procedure for processing complete, accurate and timely payrolls.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Timecard Processing

1. Pay Periods
   Bi-Weekly pay periods and payment dates are established annually by the County of Summit Fiscal Officer. The Payroll Department of the Fiscal Officer provides the annual Bi-Weekly Pay Schedule to the County of Summit Alcohol, Drug Addiction and Mental Health Services Board prior to the starting date of the first pay period of the year. (See Attachment A)
2. Holidays
   The Council of the County of Summit annually passes a resolution establishing legal holidays for non-bargaining County employees. A copy of the resolution is provided to the ADM Board. (See Attachment B)
3. Hospital Waivers
   Full-time employees, who have coverage under another plan, and elect to receive no medical or prescription coverage through the County health insurance programs, are offered a monthly incentive payment. This payment is available to all ADM employees, except those covered by other County employees. The amount of the incentive is established by County Council. At the beginning of each year, the County Insurance Department notifies the ADM Board of which employees are entitled to the incentive payment and the monthly amount. (See the Personnel Policy for details)
4. Leave Requests

   a. A Time Off Request is provided to each employee, under the "My Action" tab in Kronos. This request is to be completed whenever an employee is requesting time off for any reason. (See the Personnel Policy for details).

      (1) Under the My Information, choose the My Action Tab.

      (2) Click on Time Off Request, which will open a dialogue box.

         (a) Click on the down arrow by the "Request Type" box to choose the type of leave being requested.

(b) Complete the start and end dates of the leave, type any pertinent information in the message box (ex: doctor appt., relationship etc.)

(c) If the leave is for the full day(s) select the "Same as Scheduled Shift", Kronos will enter the hours scheduled.

(d) If the leave is less than a full day, select the "Specify Hours" button then enter the start time and the number of hours requested

(e) Choose "Next" then "Save & Close". Should you choose "X", just closing the selection box, instead of choosing "Save & Close", the leave request is sent to your Kronos Inbox for further editing.

b. Once the leave request is completed with the "Save & Close" command, an email notice is generated and forwarded to the employee's supervisor for review and a response with a copy to the employee.

(1) Under the "General" tab in Kronos click on "Inbox". The "Tasks" tab will list any requests that are pending. This should be reviewed daily by the supervisor.

(a) Choose and open a task in order to respond, the leave may be approved or rejected.

(b) The Supervisor's response is sent to the employee via email.

(c) Once approved, the leave time is added to the employee's time sheet.

(d) All tasks that have been approved or rejected will show under the "Messages" tab.

5. Time Submission

a. All employees are given access and a password to Kronos. Employees are required to time stamp at the beginning and ending of the work day. Time stamps are also required when leaving the building for any non ADM business during the day.

(1) If a time is manually entered into Kronos, a comment must be entered stating the reason the time stamp was not used.

(2) A comment must be added for any time worked outside of scheduled hours.

b. Kronos timecards are to be completed, with the exception of the out punch, by 9:00 a.m. on the Friday prior to the end of each pay period.

c. Approximately three (3) days prior to each pay period's submission deadline, the Accountant will e-mail a Kronos timecard submission reminder to all staff.

d. All time off requests and supervisor approvals must be completed by the Friday deadline. If a supervisor will be out of the office, a delegate must be assigned to approve the leave requests of their employees.

(1) Under the General Tab, choose Actions then Mgr Delegation.

(a) Identify a delegate from the drop down list then enter the dates the delegate will be approving leaves.

(2) Email notice of the leave requests will be forwarded to the delegate during the dates identified above.

e. The Accountant will attempt to contact any employee who has not submitted a leave request to submit one as soon as possible. If an employee cannot be contacted, that individual's supervisor is consulted to determine how/if the missed time should be paid.

6. Timecard Auditing

The Accountant audits each completed Kronos timecard for correctness of information and for required approval(s) when leave is used. Any questions or problems are addressed with the employee's supervisor.

a. Combined leave and work time cannot exceed scheduled hours per day or 40 hours per week.

(1) If a day exceeds the number of hours scheduled for the day, the leave time will be reduced and a note made in Kronos.

(2) If a week exceeds 40 hours, instead of earning compensatory time, the first leave taken during the week will be reduced with a note made in Kronos.

7. Meal Reimbursement

Meals reimbursed to employees for non-overnight travel are paid through Kronos as taxable income.

a. Travel Expense Forms are completed by the employee. (See Policy F8 in the Operational Procedures Manual)

b. The Accountant will audit the Travel Expense Forms and note any errors.

c. Expense Forms containing meals for non-overnight travel will be copied and forwarded to the Accountant for inclusion on the next payroll. A note will be made on the Travel Expense Form of the date forwarded.

d. The meal reimbursement amount is manually entered into Kronos by the Accountant on a separate line on the last Saturday of the pay. Meals are to be paid on the next pay after they are received by the Accountant.

8. Hospital Waivers

a. The hospital waiver amount is manually entered into Kronos by the Accountant (or designated other) on a separate line on the last Saturday of the pay. Waivers are to be paid the first pay of each month.

9. Manager Approvals

a. After all adjustments are made, and Kronos timecards are ready for submission the Accountant will send an email to supervisors to review and approve their employee's Kronos timecard.

(1) Supervisors are **<u>not</u>** to change any information on the Kronos timecard without first informing the Accountant of the change.

(2) Due to county deadlines, the approval must be completed by 11:00 AM on Monday. On weeks with a Monday holiday, approval must be done by the end of the day the Friday before the holiday.

10. Sign-Off

a. After supervisor approval, the Associate Director of Operations or designee will electronically "sign-off" in Kronos, indicating approval of time entered in Kronos.

b. Once Kronos is signed-off no additional changes can be made.

(1) Kronos will not permit sign-off prior to Monday. he last day of the pay period must have passed, and the timecards must be in the "Previous Pay."

(2) After signing-off, a report will be displayed showing the status of each employee's timecard. The Associate Director of Operations will print the report and forward it to the Accountant.

(3) All time cards must be signed-off by 4:00 p.m. on Monday, the first day of the new pay period. If the deadline changes due to holidays, an e-mail will be sent from the County Payroll Office.

B. Payroll Reports

1. The following payroll reports are e-mailed by the County Information Systems Department to the Associate Director of Operations and/or the Accountant each pay week:

a. Employee Payroll Summary by Organization (NHRSDST)
b. Direct Deposit

The files are placed on the Finance Drive\Payroll\Report Name & Pay Period & Year. (Sample Name: Direct Deposit 052013.pdf)

2. Each pay period, the Accountant will download the following payroll reports from the County's web site and place them on Finance Drive\Payroll\ Report Name & Pay Period & Year. (Sample Name Pay Register 052013.pdf)

a. Payroll Register
b. Fund Report – Fringe Benefits (NHRTOTAL)
c. Employee Vacation, Sick, Compensatory Time Personnel Report

3. The following payroll report is prepared by the Associate Director of Operations and/or the Accountant each pay week:

a. Pay Period Close (Sign Off) (print hard copy)

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Annual County Bi-weekly Pay Schedule
Attachment B – County Council Resolution establishing legal holidays
Employee Handbook Medical Insurance Waivers
Employee Handbook Leave Requests
F8 Policy re Travel Expense Forms

5. PROCEDURE HISTORY:

Procedure No. F14 Time Sheet and Payroll Processing

Effective Date: 7/3/2006	Version Date: 7/3/2006	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F17

Procedure Title: Void Check and Replacement Procedure

1. PURPOSE

To void a check, to reissue a check due to an amount change, address change, vendor change, or name change, and/or to make application for stop payment and a replacement check.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Check Void / Reissue

1. The Accountant initiating a void check and/or check reissue will complete the appropriate form provided by the Summit County Fiscal Department. (See Attachments A, B, C)
2. The Accountant will pull the Finance Department's copies of the voucher and check on file with the Accountant-Payables.
   a. The word "VOID" should be marked on the check copy.
   b. A copy of the Check Void/Reissue form, with the date submitted to the County, should be attached to the Finance Department's voucher set.
   c. A complete copy of the Finance Department's voucher set, including the Check Void/Reissue form, should be made and given to the Accountant-Financial Statements.
   d. The original form and check to be voided are sent to the Summit County Fiscal Department.
3. Additional steps that must be taken are determined by the nature of the void request:
   a. Straight Void, Equal to the Original Purchase Order (Attachment A or B):
      1. When a check is voided by the Summit County Fiscal Department, the purchase order is automatically reinstated in Banner.
      2. A Purchase Order Discharge form must be submitted by the Accountant who initiated the void, following the procedures for "Purchase Order Increase, Decrease, and Discharge."
      3. Accountant-Financial Statements follows the Quick-Books Void Check Procedures that are outlined in QuickBooks' Help Menu in the corresponding month's closing activities.
   b. Straight Void, Against Blanket Purchase Order:
      1. When a check is voided by the Summit County Fiscal Department, the purchase order is automatically increased in Banner.

2. When Accountant-Financial Statements follows QuickBooks void check procedures, the amount of the voided check will be reinstated on the encumbrance.
3. The Accountant who initiated the void will note the increase on the work copy of the purchase order.

c. Void and Reissue – Change Name or New Vendor (Attachment A):
1. The Summit County Fiscal Department will contact the County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board Finance Department when a reissued check is prepared.
2. The Accountant who initiated the void will follow Purchasing Procedures – Check Issuance, noting on the ADM Board Finance Department's copy "REISSUE."
3. A copy of the reissued check should be provided to the Accountant-Financial Statements.
4. The voucher copy is filed based on the original check issuance date.
5. The Accountant-Financial Statements will follow the QuickBooks Void Check procedures.

B. Application for Replacement Warrant

1. The Accountant verifies the vendor did not receive and/or cash the original check by reviewing FAABREC, Bank Tape Reconciliation Form, in Banner.
2. The Accountant completes the Application for Replacement Warrant and mails the original to the vendor to be completed and notarized (See Attachment C), requesting that the form is returned to the ADM Board. A copy of the Application for Replacement Warrant is retained for the Finance Department records.
3. Upon receipt of the completed form, the Accountant will attach a copy to the ADM Board voucher copy, and forward the original notarized form to the Summit County Fiscal Department to proceed with stop payment on the original check.
4. A replacement check will be issued.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachments A, B , C – Summit County Fiscal Department forms
Attachment D – Banner Procedures

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 5/23/2018
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F19

Procedure Title: Non-Medicaid Contract Termination

1. PURPOSE

To process the termination of Non-Medicaid Agreements as dictated in the provider contract of the County of Summit Alcohol, Drug Addiction and Mental Health Services Board

2. DEFINITIONS – N/A

3. PROCEDURE

A. The Associate Director of Operations will provide notice to all agencies at least one month prior to June 30th each year that prior year services must be billed to the claims payment system on or before June 30th of the calendar year contract to be eligible for reimbursement.

B. The Accountant or Associate Director of Operations will complete an ADM Board unit rate contract form that terminates all Non-Medicaid services effective six months after the calendar year end.

C. Example: Year end 12/31/2014

The Non-Medicaid services unit rate contract form will be completed by 7/15/2015 with a termination date effective 1/1/2014.

D. The ADM Board unit rate contract form terminating the Non-Medicaid services will be reviewed and signed by the Associate Director of Operations. The approved ADM Board unit rate contract form is forwarded to the Information Technology Department.

E. The Information Technology Department staff will enter the Non-Medicaid termination date for each service with an effective date of January 1st of the contract year to be terminated. When completed, the form is returned to the Accountant.

F. The Accountant will place the completed ADM Board unit rate contract form in the provider contract file.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 1/11/2006	Version Date: 1/11/2006	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F20

Procedure Title: Payroll – Adjustments

1. PURPOSE

To establish procedures for adjustments to prior pay period time entries, leave accruals and hourly wage rates.

2. DEFINITIONS – N/A

3. PROCEDURE

Time Entry Adjustments to Prior Pay Periods

These types of adjustments are usually necessitated for the following reasons:

- The use by a supervisor of a manual entry in Kronos timesheet when an employee is not present to use Kronos.
- Timesheet revisions submitted by an employee after Kronos sign-off.
- Re-evaluation of the type of leave used.

The change is submitted to the Accountant by the supervisor. The Accountant prints and notes on the Kronos timesheet the date the changes were received and any difference(s). The notice from the supervisor is filed in the employee's payroll folder.

A. Time adjustments in Kronos

1. Kronos entry adjustments can only be made by the County Payroll Department. The Accountant must complete the Kronos Historic Edit form (Attachment A) showing the specific changes that are needed.
2. The Kronos Historic Edit form is signed by the Accountant and the Manager of Administration (or Associate Director of Operations). The approved form is emailed to the County Payroll Department by noon the Wednesday before the pay end.
3. A copy of the Kronos Historic Edit form is maintained in the employee's payroll folder.

B. Leave accrual adjustments in Kronos

1. Kronos accrual adjustments can only be made by the County Payroll Department. The Accountant must complete the Kronos Accrual Balance Reset form (Attachment B) showing the specific changes that are needed.
2. The Kronos Accrual Balance Reset form is signed by the Accountant and the Manager of Administration (or Associate Director of Operations). The approved form is emailed to the County Payroll Department by noon the Wednesday before pay end.

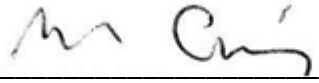
3. A copy of the Kronos Accrual Balance Reset form is maintained in the employee's timesheet folder.

C. Wage adjustments in Kronos

1. Kronos wage adjustments are required when the hourly wage rate change is processed with a prior effective date. The Accountant will produce a Kronos report of all paid hours between the hourly wage rate change effective date and the start date of the current pay.
2. Retroactive pay is calculated on the total hours already paid since the effective date at the hourly wage rate difference.
3. The retroactive pay is entered into Kronos by the Accountant on the last Saturday of the current pay.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 6/30/2006	Version Date: 6/30/2006	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/21/2017
Staff responsible	Associate Director of Operations			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F21

Procedure Title: Capping Non-Medicaid Contract Services

1. PURPOSE

To limit the total expenditures for Prevention, Community Services and other contract services to funding approved in each provider's non-Medicaid contract.

2. DEFINITIONS – N/A

3. PROCEDURE

A. During the budget and contracting process, services that are determined by the Board to be capped will be noted and entered in the budget table as capped.

B. Beginning on September 1st of each contract year, and then biweekly, the Claims Adjudicator will run the claims payment system report "Prevention and Community Based Capped Services Budget Comparison". The report will be delivered to the Associate Director of Operations for review. (See Attachment A)

C. After review, the reports will be delivered to the Accountant who will send the report to the agency's Executive Director with a copy to the Financial Officer to notify them that the agency that has exceeded 90% of the annual budgeted ADM revenue for the total of prevention, community services and other capped services.

D. When an agency meets, or exceeds, 100% of the annual budgeted ADM revenue for the total of prevention and community services and other capped services, the Associate Director of Operations or Accountant will prepare a new rate sheet to terminate the contracts for those capped services. The termination rate sheet will be sent to the Information Technology Department for processing in the claims payment system. This will prevent capped services from paying in the claims payment system and automatically deny them. The Associate Director of Operations or Accountant will notify the agency Finance Officer by e-mail, with a copy to the ADM Executive Director.

E. If the agency has billed more than the budgeted revenue for prevention, community services or other capped services, the Associate Director of Operations will deliver the detail claim report to the Manager of Information Technology for assignment to the Claims Adjudicator. The Claims Adjudicator will reverse the claims up to the annual budgeted ADM revenue for the service or group of services that are capped. The reversals will be completed the week the report is received. Once the claims have been reversed, the Claims Adjudicator will maintain the report.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Prevention and Community Based Capped Services Budget Comparison

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/19/2006	7/19/2006	5/23/2016	Click here to enter a date.	11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F23

Procedure Title: Financial Compliance Auditor Responsibilities

1. PURPOSE

To document the required financial compliance audit for each contract agency.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The Accountant will be provided with a listing of the clients to be reviewed during the compliance audit. This list must include at least ten (10) Non-Medicaid clients. The Accountant will audit five (5) Non-Medicaid client financial records. If a significant problem is discovered, the audit will be expanded to ten (10) records.

B. All Non-Medicaid client information will be completed in Excel on the "Non-Medicaid Compliance Review" forms (Sample A) by the Accountant based on the information contained on the "Medicaid Eligibility Review" form and print a copy.

C. The Accountant will complete the "Non-Medicaid Compliance Review" form manually at the audit site. On returning to the Board, the information will be entered in Excel and saved to the Finance drive on the server.

D. The Accountant will review each client's financial intake information and complete the corresponding portion of the Non-Medicaid financial compliance review form.

E. For non-Medicaid clients, the Accountant will verify that the agency has documented the client's household income by viewing copies of pay stubs, social security income letters, 1040 forms, self-declaration of income forms for those with no income, or other acceptable proof of income, private insurance coverage, and if applicable; sliding fee schedule amount. The verification section of the compliance review form will be completed accordingly, including any comments. If the agency has waived the sliding fee schedule for the client, the Accountant will verify that an approved current waiver form (Sample B) is present. A comment will be entered if the waiver has not been completed or is not current.

F. If the agency has waived the sliding fee schedule for the client, the Accountant will verify that an approved current waiver form (Sample B) is present. A comment will be entered if the waiver has not been completed or is not current.

G. The completed "Non-Medicaid Compliance Review" form, a written report of any findings/suggestions with a request for a plan of correction, will be provided to the Compliance, Certification & Training Coordinator for inclusion with the audit report. The Word document will be saved to the Finance drive on the server.

H. If a plan of correction is required, the Accountant will review it and meet with the Associate Director of Operations to discuss the plan. If the plan is unacceptable, the agency will be notified. If the plan is acceptable, the agency will be notified and a subsequent audit may be scheduled to determine the plan has been instituted.

4. RELATED PROCEDURES OR FORM TO BE USED

Sample A – Non-Medicaid Compliance Review form
Sample B – Waiver form

5. PROCEDURE HISTORY:

Effective Date: 6/18/2007	Version Date: 6/18/2007	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F24

Procedure Title: Remittance Advice (RA) Processing

1. PURPOSE

To process Remittance Advices (RA) in an accurate, efficient and timely manner.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Remittance Advices (RAs) will be processed for all Summit County agencies each week. Holdovers due to small dollar amounts may be approved by the Associate Director of Operations. Remits will be processed for out of county agencies within thirty (30) days.

B. The full amount of Non-Medicaid is to be paid on each RA up to the contract amount for the service year. If the contract is exceeded, a note will be written on the RA summary. Negative Non-Medicaid RA's will continue to be offset within service year.

C. If a RA has a negative for Non-Medicaid, a note will be written on the RA Summary that this item will be deducted from a future RA when there is enough to offset the negative balance. Any items not processed will be crossed out and the total paid written in or circled.

1. Copies will be made of RAs with negative items and held to be deducted from future positive amounts.
2. Sixty (60) days after the end of the contract billing period (June 30th), a report will be prepared by the Accountants for the Associate Director of Operations indicating which providers have a negative balance due the Board. Invoices will be prepared by the Accountants and emailed to the agency executive director so that the amount can be collected.

D. Vouchers are to be prepared per the following schedule each week so they can be entered into Banner and approved by the Associate Director of Operations: ACH – end of business Monday; vendor checks – before noon on Wednesday.

1. When a voucher is entered into Banner, the only backup to be scanned will be the RA Summary, with notes. Any other materials relevant to the payment are to be stapled to the ADM voucher copy that is maintained by the Accountant. No extra copies are to be maintained in any other location.

E. When ACH deposit notifications or vendor checks are received from the County, Vendor Payment Check Detail reports will be completed as per the attached sample (see Attachment A) using QuickBooks memorized vendor report process The report will list descriptions of items included in the payment, account number and class used to process the payment.

1. The Vendor Payment Check Detail report will be attached to the ADM Board copy of the voucher that is maintained by the Accountant.

2. An extra copy of the Vendor Payment Check Detail report may be maintained in the Accountant's file for reference.

F. When the check is mailed or picked up, the only attachments to support the payment will be the Vendor Payment Check Detail report and one copy of the RA Summary, with any notes. Agencies whose payments are direct-deposited will have the same documents scanned and emailed to them.

1. The agency is not to receive the contract spreadsheets used to recap ADM Board purchase orders and payments posted.
2. ADM agency checks are to be mailed, or agencies notified that they can be picked up within one business day of receipt from the County.

G. If an agency has questions about RA Payments, the Associate Director of Operations will refer them to the appropriate Accountant for resolution.

1. In the event a meeting may be needed to resolve an agency's questions, the Associate Director of Operations is to be informed of the issues involved prior to the scheduling of the meeting.
2. The Associate Director of Operations may attend and assist with any solutions that are necessary.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Vendor Payment Check Detail report

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
2/1/2008	2/1/2008	5/23/2016	Click here to enter a date.	11/21/2017
Staff responsible	Jennifer Peveich, Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F25

Procedure Title: Agency Financial & Compliance Audit Reports

1. PURPOSE

To assure the collection and distribution of the annual financial and compliance audit reports for all contract agencies and to meet all applicable requirements.

Contract agency financial and compliance audit reports shall be obtained and paid for by the contract agencies. All audits shall comply with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) Financial and Compliance Audit Guidelines and applicable Administrative Rules governing agreed upon procedures for agency audits.

2. DEFINITIONS – N/A

3. PROCEDURE

Completed audit reports are due to the Board, not later than six (6) months after the end of the agency fiscal year. An agency may request an extension by email directly with OhioMHAS with a copy to the Associate Director of Operations if required.

The Accountant shall review all audit reports submitted and complete the OhioMHAS Provider Audit Review Checklist for each audit. A copy of the audit and completed review report will be maintained in the files of the Board.

Language in the agency contract shall govern auditing requirements.

Agencies shall submit one (1) copy of their completed financial and compliance audit reports to the Associate Director of Operations at the Board. The Accountant shall review each audit report and complete the OhioMHAS Provider Audit Review Checklist (Attachment A) for each audit. The Associate Director of Operations will mail the completed review to OhioMHAS. A copy of each audit report and the Provider Audit Review Checklist shall be maintained in the Board's files.

If an audit has a finding related to OhioMHAS funding, a Corrective Action Plan (CAP) is to be completed by the agency and forwarded to the Board. The Associate Director of Operations will review the Corrective Action Plan and approve or request additional information to ensure that the changes and procedures to be implemented under the CAP are effective. Should the Board not approve the CAP, the agency will be provided an explanation of why the CAP is not acceptable. During the next audit, the prior year finding is to be reviewed. If the finding has not been corrected, the Board must verify the status of the CAP.

The Accountant will maintain a list of all agencies which shall include the agency's fiscal year end, date audit submitted by agency, date of Board review and date OhioMHAS Provider Audit Review Checklist is mailed.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
5/1/2011	5/1/2011	5/23/2016	Click here to enter a date.	11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F26

Procedure Title: Preparation of and Subsequent Review of Submitted Provider budget Applications

1. PURPOSE

To provide a systematic format for the review of the annual contract provider budget application documents and submitted calendar year provider budget applications.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Associate Director of Operations will review and revise previous year's budget application package with the assistance of the Associate Director of Clinical Services.

1. Previous year budget application package is maintained by the Associate Director of Operations.
2. The package contains:
   a. Memorandum (See Attachment A)
   b. Application Package (See Attachment B)

B. Budget parameters are developed utilizing all funding sources (State, Federal and Local) taking into consideration Policy Governance Ends and Executive Limitations regarding the budgeting process.

C. The developed budget parameters are presented to the Executive Director for approval before attachment to the contract provider budget application.

D. Upon approval, the budget parameters are attached to the budget application and distributed to the contract agencies by the Associate Director of Operations with a timeline for submission and any applicable extension process.

E. Upon receipt of the completed provider budget application (one original and two copies), it is distributed to:

1. Associate Director of Operations – original application
   a. The Associate Director of Operations or assigned staff will review the provider budget application for:
      (1) Mathematical accuracy,
      (2) Funding sources,
      (3) Unit cost,
      (4) Adherence to budget parameters,
      (5) Assurance statement
      (6) Contract requirement checklist.

(7) All information will be included in the form: Provider Budget Application Review Finance (See Attachment C)

(8) The Associate Director of Operations will prepare the Provider Contract financial attachments:

(a) Provider Contract Funding by Source

(b) Non-Medicaid Purchase of Service Unit Rate

(c) Provider Contract Funding by Service

2. Associate Director of Clinical Services – two copies

(1) The Associate Director of Clinical Services will assign the provider budget application to a member of the Clinical Services Staff for programmatic review of:

(a) Proposed services, goals, and objectives,

(b) Target population,

(c) Case load information,

(d) Units of service, and

(e) Proposed changes from previous year.

(f) All information will be included in the form: Provider Budget Application Review clinical Services (See Attachment D)

F. The provider budget application summary is prepared by the assigned Clinical Services staff.to include:

1. Program description,
2. Outcome / evaluation summary,
3. Full-time equivalent staff projections
4. Administrative Concerns.

G. The provider budget summary is reviewed by the Associate Director of Clinical Services and the Associate Director of Operations.

H. The reviewed copy of the budget summary including issues and concerns are submitted to the Executive Director for additional comments.

I. If required, a meeting is scheduled with the provider and assigned staff to review the provider budget application.

J. The provider will be given an opportunity to review the provider budget application summary before it is released.

K. Upon resolution of any outstanding issues or concerns, the provider budget application summary is placed in a pdf format by the Associate Director of Operations and sent to the Executive Director. The Executive Director will forward each provider budget application summary to the Board of Directors to demonstrate the means by which the Ends and Executive Limitations Policies are being operationalized through funding relationships with providers.

L. The Associate Director of Operations will maintain the electronic version of each provider budget application summary in a pdf format on the finance drive on the network.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Memorandum
Attachment B – Application Package
Attachment C – Provider Budget Application Review Finance
Attachment D – Provider Budget Application Review Clinical Services

5. PROCEDURE HISTORY:

Effective Date: 10/4/2011	Version Date: 10/4/2011	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F27

Procedure Title: Capital Assets

1. PURPOSE

For the purpose of this procedure, a fixed asset refers to any piece of furniture or equipment valued at $5,000 or greater. The limit is established by the County of Summit. These items are tracked for accounting purposes.

2. DEFINITIONS – N/A

3. PROCEDURE

A. It is the responsibility of the Accountant Financial Statements to tag, log and track fixed assets.

B. When a fixed asset is received, the asset will be tagged with an ADM Board fixed asset tag.

C. The item will be logged into the ADM Board fixed asset inventory for tracking purposes based on the County of Summit data requirements.

D. Any fixed asset that is surplused must be reported to the Fiscal Department so the fixed asset record is adjusted. The item description, tag number, date of disposal and amount received for the item will be provided. Once surplused, the item should be removed from the fixed asset inventory.

E. An inventory of all fixed assets will be completed annually and coincide with annual reporting required by the County of Summit.

4. RELATED PROCEDUARES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 5/13/2013	Version Date: 5/13/2013	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F28

Procedure Title: Non-Capital Assets

1. PURPOSE

Process for identifying, tagging, logging and tracking usage, location and disposition of non-capital assets.

2. DEFINITIONS

Non-Capital Assets – any piece of furniture or equipment valued from $1,000 to $4,999.

3. PROCEDURE

A. It is the responsibility of the Accountant to tag, log and track assets not related to information technology.

B. It is the responsibility of the Information Technology Specialist to tag, log and track assets related to information technology.

C. When an asset is received, the asset will be tagged with an ADM Board asset tag.

D. The item will be logged into the ADM Board asset inventory for tracking purposes. It is located on the network (H:\GENERAL LEDGER\Inventory.xlsx). The spreadsheet has a tab for information technology and a tab for other equipment. The inventory list will include the ADM tag number, location, equipment description, serial number, date of purchase, vendor, purchase price and date of disposal.

E. The County of Summit Policy for the Disbursement of Surplus Property is used by the Board. The Manager of Administration handles surplus property.

F. Any disposed asset must be reported to the Fiscal Department so the fixed asset record is adjusted. The item description, ADM tag number, date of disposal and amount received for the item will be provided. Once disposed of, the item should be removed from the asset inventory.

G. An inventory will be completed by the Accountant and Information Technology Specialist in November of each year.

4. **RELATED PROCEDURES OR FORM TO BE USED:** General Ledger/Inventory

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
5/16/2013	5/16/2013	5/23/2016	Click here to enter a date.	05/2320018
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F29

Procedure Title: Banner and Kronos Permissions

1. PURPOSE

To guide the authorization for access and the modification of access to Banner and Kronos electronic stored information, transactions, programs and processes.

2. DEFINITIONS – N/A

3. PROCEDURE

A. General Access Policy

1. Access to Banner and Kronos computer systems, programs, and files shall be authorized according to the work-related needs of each employee as determined by position description and specific assignments.
2. The ADM Board utilizes the access forms for Banner and Kronos provided by the County of Summit Fiscal Office.
3. All ADM Board computer resources, including equipment, facilities, data, software, components and documentation are assets acquired to better accomplish the ADM Board's mission and are to be used only by authorized users for official ADM Board business.
4. All users must agree to terms and conditions as listed in the banner that appears each time a user logs into an ADM Board computer system.
5. Unauthorized use of, or access to, ADM Board information and computer resources is prohibited.

B. Documenting Access

1. Access is managed and documented through the County of Summit Fiscal Office.

C. Modifying Access

1. When personnel changes result in staff no longer requiring/being authorized for access to Banner or Kronos, the County of Summit Fiscal Office shall be notified by the Associate Director of Operations to modify or end access.
2. A review of access to Banner and Kronos will occur on an annual basis.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 5/28/2013	Version Date: 5/28/2013	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/212017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Finance

Procedure Number: F 30

Procedure Title: Non-Medicaid Provider Contracts

1. PURPOSE

To process provider contracts for the provision of Non-Medicaid behavioral health services.

2. DEFINITIONS: N/A

3. PROCEDURE

A. The provider will complete a budget application or respond to a request for information (RFI) or prepare a request for additional funding.

B. The Associate Director of Operations or designee in coordination with the Clinical Services Department will review the information provided.

C. Once agreement has been reached, a contract to provide Non-Medicaid behavioral health services will be prepared by the Associate Director of Operations or designee.

D. The Associate Director of Operations will provide the Executive Director with two original contracts including any contract attachments for signature.

E. Once the contract has been executed by the Executive Director or designee, the Associate Director of Operations or designee will obtain the provider's signature on the contract.

F. The Administrative Assistant will file the executed contract and attachments in a secure cabinet.

G. The contract must be fully executed before any funds are disbursed to the provider.

4. RELATED PROCEDURES OR FORM TO BE USED

N/A

5. PROCEDURE HISTORY:

Effective Date: 12/1/2014	Version Date: 12/1/2014	Last Review Date: 5/23/2016	Retired Date: Click here to enter a date.	Next Review Date: 11/21/2017
Staff responsible	Associate Director of Operations			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Human Resources

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.0

Procedure Title: Employee Attendance Procedure

1. PURPOSE

The ADM Board values the contribution of each employee in creating a positive, professional work environment that is dedicated towards achieving our mission. This mission cannot be achieved without your commitment to follow your approved work schedule promptly and reliably.

The purpose of this procedure is to provide clear guidelines for attendance, punctuality, dependability and our required procedure for recording time worked or taken as leave in the Kronos Timekeeping System.

All attendance records are subject to audit and public records request. Care must be exercised in promptly and accurately recording hours worked, overtime hours, and absences. Employees are required to timestamp at the beginning and end of the work day and at the beginning and end of breaks when taken off site. Manual over-rides to the Kronos time stamp will be approved only when it is necessary, and require a comment and/or note.

2. DEFINITIONS

A. ABSENCE

An absence is defined as the failure of an employee to report to work as scheduled.

B. APPLICATION OF LEAVE

All employees requesting leave are required to submit an electronic application for leave request to their supervising manager for approval**.**

C. APPROVED ABSENCE

An approved absence is defined as scheduled time off approved in advance by the supervising manager on an application of leave.
The following are examples of approved absences:

1. Administrative leave (paid/unpaid)
2. Approved leaves of absence (including Family Medical Leave Act (FMLA) absences)
3. Compensatory time
4. Jury Duty
5. Military duty
6. Personal sick leave (personal days)
7. Workers Compensation
8. Vacation time
9. Weather emergencies and delays as declared by the Executive Director

D. EVENT

An event is defined as an unplanned absence. Below are examples of a single event. These are not intended to be all-inclusive.

1. An employee reports off from work and is absent Thursday and Friday of the workweek counts as one event.
2. An employee reports off from work and is absent Monday returns to work Tuesday but reports off and is absent Wednesday of the same work week for the same related concern/illness, counts as one event.

E. EXCUSED ABSENCE

An excused absence is defined as the failure of an employee to report to work when the employee is scheduled and uses accrued leave to cover such absences, such as calling off sick.

Employees are expected to notify their supervising manager or the supervisor's designees, in their absence as far in advance as possible. If an employee is scheduled to work and expects to be delayed for 30 minutes or more from their regular starting time, notification must be given for an absence to be excused.

Absences must meet the following conditions in order to be excused:

1. The employee provides notification prior to the scheduled starting time to their supervising manager or supervisor's designee. Notification shall occur by phone unless other means have been approved by the supervising manager.
2. Employees are required to notify the supervising manager each day of the absence, unless told otherwise.
3. The absence request must be approved by his or her supervising manager.
4. The employee has sufficient accrued leave to cover the absence.

NOTE: Use of accrued leave to cover time loss due to an absence, i.e. vacation, personal leave, sick time or compensatory time does not alter the fact that an absence has occurred.

F. UNEXCUSED ABSENCE

An unexcused absence is defined as any absence that is not approved. Employees who fail to give their supervising manager a notice of absence will be considered NO CALL/NO SHOW. Any absence without a call to the supervising manager is a serious matter and may be considered as a voluntary resignation.

Management is aware that there may be times when there are extenuating circumstances which may not permit an employee to provide timely notification. Supervising managers shall exercise reasonable discretion when considering whether extenuating circumstances may result in an absence without timely notification to be excused.

G. EXCESSIVE ABSENCES and PATTERNS

The supervising manager will use a rolling 12-month period, including the period immediately preceding the last absence, when evaluating an employee's attendance record for excessive absences.

Both excessive absence and patterns of occurrences may trigger progressive counseling, which will be documented in the employee's personnel file and noted in any subsequent professional development plan.

Examples of absentee patterns include repeatedly reaching the threshold below without breaching it, routinely calling off on Mondays/Fridays or unplanned/excused absences the day before or after holidays and vacation.

Any employee who exceeds a combination of (3) events of unplanned/excused absences and or is late (3) times in a three-month period will be required to meet with their supervising manager, who will follow the progressive disciplinary guidelines as outlined below:

First Violation	Verbal counseling with supervising manager to discuss, which may include developing a plan of correction
Second Violation	Counseling with supervising manager to develop a plan of correction, written warning documentation placed in personnel file
Third Violation	Counseling with supervising manager to develop a plan of correction, may lead up to three days suspension
Fourth Violation	Further corrective action which may include termination

H. RETURN TO WORK REQUIREMENT

When an employee returns to work after an unplanned/excused absence he/she is required to submit an application for leave request and submit it to their supervising manager for approval upon the day of return to work.

If an employee is absent from work for more than three (3) consecutive calendar days, a physician's notice will be required in addition to the submission of the application for leave request on the first day of return to work.

The physician's notice shall remain confidential and be directly submitted to the manager of administration.

When an employee is absent from work more than three (3) consecutive calendar days, the manager of administration must be informed of the employee's status by the supervising manager. On the fourth day of absence, the employee will receive, by certified postage, a *Notice of Eligibility & Rights and Responsibilities* (Under Family Medical Leave Act; Department of Labor (DOL), Form WH-381.

I. ATTENDANCE RECORDS

All absences, whether paid or unpaid will be recorded on the electronic timecard and maintained in the Kronos Timekeeping System.

Employees should manage their individual timecard in the Kronos Timekeeping System for the current pay period and should review their weekly total to ensure a total of forty (40) hours for each week. Anything less than forty (40) hours should be supported with an approved application for leave or request to work from home form.

Supervising Managers are responsible for reviewing their employee timecards and have the authority to enter pay codes on an employee's timesheet in the event of a period of an unplanned/excused absence during a pay period.

J. SCHEDULES

The normal operating hours for the organization are 8:00AM to 4:30PM, Monday through Friday. Employees are expected to work a minimum of eight hours per day (excluding a one-half hour for lunch), unless they have received supervisor approval for the use of flex time (See Item L, below). Any employee can opt for a one hour lunch period by modifying work hours to 8:00AM to 5:00PM. Time stamps are required when leaving the building for lunch and any non-ADM Board business during a scheduled work period.

Non-Exempt Employees

In accordance with the Fair Labor Standards Act (FLSA), all employees designated as non-exempt are scheduled a workweek that consists of **forty (40) hours**.
Non-Exempt employees will receive compensatory time on an hour and one-half basis for time worked in excess of a 40 hour work week.

Exempt Employees

All employees designated as exempt are not covered by certain sections of the Fair Labor Standards Act (FLSA) that require payment of overtime compensation.
Exempt employees will receive compensatory time on an hour to hour basis for time worked in excess of **forty** hours in a work week.

SCHEDULE ADJUSTMENTS

Employees may have their work schedule adjusted with the prior approval of their supervising manager. Request for changes should be discussed with the supervising manager and submitted in writing. Management's decision to grant the schedule change requests are largely dependent on weighing the employee's request against the operational needs of the organization. Approved schedule changes must be submitted in writing to the Manager of Administration and the Accountant for modification in the Kronos Timekeeping System.

K. WORK ARRIVAL AND DEPARTURE

Employees will be given a fifteen (15) minute grace period for times of arrival and departure, which shall not count towards tardiness.

Times recorded one (1) minute or more after the flextime period will be recorded as tardy and reflected with a red border in the Kronos Timekeeping System.

Care must be exercised to ensure that the employee records eight (8) hours for each day, unless approved flex time is utilized.

Early departure is defined as departing from your assigned work site prior to your scheduled time of departure without prior manager approval.

The table below demonstrates flexible times of arrival and departure.

Scheduled Hours	Flexible time of arrival	Flexible time of departure	
8:00AM-4:30PM	7:45AM	4:15PM	AS SCHEDULED
7:00AM-3:30PM	7:15AM	3:45PM	AS SCHEDULED
8:00AM-4:30PM	8:16AM	4:46PM	LATE ARRIVAL
8:00AM-4:30PM	8:00AM	4:16PM	EARLY DEPARTURE

L. FLEXIBLE WORKWEEK SCHEDULE

The ADM Board supports the principle of a flexible work schedule for its employees in order to balance their needs with the agency workload and demands. A flexible work week schedule is neither mandatory nor an entitlement. However, it is an opportunity for an employee to adjust a scheduled work week based on the demands of the position or a project. The employee may be required to work longer days for part of the week, and may seek to work either reduced hours or take a day off during the work week without using leave time. Eligible employees must discuss flextime with their supervising manager for prior approval. Eligibility for the use of flextime will be dependent on the employee's hours worked, position and an assessment by the managing supervisor that the employee's proposed work schedule will not pose a hardship on the organization. Under no circumstances may the use of flex time result in fewer than forty (40) hours in a work week.

3. PROCEDURE

A. Each employee will be assigned a username and password to log on to the Kronos Timekeeping System.

1. **An employee should NEVER allow another employee to enter the Kronos Timekeeping System with his/her password.**

B. Employees will have the responsibility for ensuring that their actual hours worked and absences (e.g., sick, vacation and/or other unscheduled time off) are current and recorded accurately on their Kronos timecard.

1. **Employees are prohibited from sharing their password or granting permission to another employee to record hours worked or any other information on their timesheet.**

2. Falsifying attendance records is employee dishonesty, and subject to expedited employee discipline.

C. Employees who work on-site must timestamp their daily time of arrival and departure in the Kronos Timekeeping System, including off-site lunch breaks. Any

incident of manually recording time must be accompanied by an explanatory comment or note.

1. Employees who have working lunches (e.g. luncheon meetings) off-site, or employees who are scheduled to be out of the office to perform job duties, are not required to time punch. Any employee who begins or ends their workday outside of the ADM Board Offices should manually enter their time with the addition of a supporting comment and/or note when they return to the office.

D. All employees requesting leave are required to submit an electronic application for leave request in advance to their supervising manager for approval. (i.e., vacation, personal sick leave, compensatory time) This can be submitted in advance up to one year.

E. The actual hours worked each day are to be recorded in the Kronos Timekeeping System, and must equal at least forty (40) hours each week.

1. Any variance from the scheduled work day requires an approved application for leave form, or an explanation on the timesheet using the comment or note function (i.e., approved flex).

F. Employees who have approved and prescheduled leave must record the time with the supporting pay code (i.e., vacation, personal sick leave, compensatory time) to reflect the supervisory approved application for leave form. This can be completed for the current and next pay period.

G. In order to insure compliance with this procedure, the Manager of Administration will monitor all attendance records and generate monthly attendance reports to assist supervising managers with evaluating employee's attendance records.

RELATED PROCEDURES OR FORMS TO BE USED
HR 1.2: Family Medical Leave
Board Policy 2.2: Treatment of Staff
Finance F14 – Timesheet and Payroll
Overtime Pay Policy

4. PROCEDURE HISTORY:

Effective Date: 9/10/2012	Version Date: 9/12/2012	Last Review Date: 6/14/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/13/2017
Staff responsible	Manager of Administration			
Approval	The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.1

Procedure Title: Employee Grievance Procedure

1. PURPOSE

The Executive Director shall not prevent staff from grieving to the ADM Board of Directors when the internal grievance procedures have been exhausted and the employee alleges that an ADM Board policy has been violated to his or her detriment. If an employee believes that an act has occurred that is in violation of ADM Board policy, he or she should follow the following internal procedure. Employees who report directly to the Executive Director have the option of filing a grievance with the Board of Directors. Other employees in the organization may file a grievance with the Board of Directors after all steps of the internal grievance procedures have been exhausted. Further, the County of Summit Alcohol Drug Addiction and Mental Health Services Board's policy prohibits retaliation for registering a grievance. Registering a grievance will not have an adverse impact on the individual's employment status.

2. DEFINITIONS

A. CONFIDENTIALITY

All parties are bound by confidentiality and will not share information about grievances except with those persons who, in the discretion of the Manager of Administration or Executive Director, have a legitimate need to know. All documents, communications, and records associated with the processing of a grievance shall be filed in a separate grievance file and shall not be kept in the personnel file of any of the participants.

B. GRIEVANCE

A cause of distress felt to afford a reason of complaint or resistance. An actual or supposed circumstance regarded as just cause for complaint.

C. RETALIATION

Acts that are materially adverse to a reasonable employee taken because an employee participated in good faith in the internal grievance procedure.

3. PROCEDURE

A. An informal discussion of the problem with the supervising manager is encouraged as a first step. While not every problem can be resolved to all parties' complete satisfaction through discussion and understanding, employees and management can develop confidence in each other. If the employee does not believe a discussion with the supervising manager is appropriate, the employee should proceed directly to step II.

If an employee has a problem regarding the Executive Director, he or she should discuss it first with the Executive Director with the aim of resolving the difficulty as soon as possible. If the resolution is not reached between the parties, the employee should proceed directly to step VIII and file a grievance to ADM Board of Directors.

B. If the informal discussion with the manager cannot resolve the problem, the employee should provide a written, dated, and signed grievance to the supervising manager within two (2) weeks of the occurrence. (Attachment A - Employee Grievance Form)

C. The grievance should have the following elements:

1. Date that the incident occurred;
2. A clear and concise statement of the nature of the incident (cite policy as appropriate), and summary of events leading to the grievance, including the results of prior discussions;
3. The remedy or solution sought;
4. The date of the filing; and
5. The name, title and signature of the grievant.

D. Within ten (10) work days of receipt of the written grievance, the supervising manager shall respond, in writing, specifically to the points raised by the grievance, giving reasons for his/her decision. This is to ensure the prompt resolution of disputes that have been addressed through informal channels, but not satisfactorily resolved.

E. If the response is not acceptable to the employee, he/she may submit a written grievance appeal to the Manager of Administration. A meeting shall be held with the Manager of Administration within ten (10) work days following receipt of the appeal. An employee shall have the right to present his/her arguments in order to support the grievance. All meetings held under this procedure will be conducted privately and will include only such parties directly involved or those with a legitimate need to know.

F. All meetings will be focused on factual information. Every attempt will be made to conclude the meetings as expeditiously as possible, with the Manager of Administration issuing a decision including appropriate recommendations.

G. If the grievance appeal is not resolved to the employee's satisfaction, he/she may, no later than five (5) work days after receipt of the decision, file a second grievance appeal to the Executive Director. This appeal shall be submitted in writing including all relevant materials and information to date. The Executive Director and the Manager of Administration shall hold a meeting with the employee within five (5) work days of receipt of the second grievance appeal. The Executive Director's decision will be rendered, in writing, to the employee within five (5) work days following the meeting. The decision of the Executive Director shall be final.

H. If the grievance appeal decision of the Executive Director is not resolved to the Employee's satisfaction AND is an alleged violation of a Board Policy OR if the grievance is regarding the Executive Director, the grievant can make a final appeal to the ADM Board of Directors by filling out the ADM Board of Directors Employee Grievance Form (Attachment B) which shall include a copy of ADM Board Policy 2.2. Treatment of Staff (Attachment C). This form shall be submitted to the Manager of Administration.

I. The copy of the grievance form, along with all prior documentation generated during the review process, will be forwarded by the Manager of Administration to the *ad hoc* Grievance Committee Members. The Manager of Administration, upon receipt of the employee Board grievance, shall notify the grieving employee in writing that it has been received and forwarded to the *ad hoc* Grievance Committee.

J. The *ad hoc* Grievance Committee shall be comprised of the Board Chair, Board Vice Chair, and the Board Secretary. (NOTE: The *ad hoc* Grievance Committee may solicit input from any Board member with expertise in the specified grievance area.)

K. Employee grievances will only be heard by the *ad hoc* Grievance Committee if it is alleged that the Executive Director's interpretation was not reasonable, the Executive Director exceeded his/her authority with the initial outcome of the grievance, OR the employee grievance is regarding the Executive Director.

L. The *ad hoc* Grievance Committee has the full authority of the Board of Directors to resolve grievances on behalf of the Board if the nature of the grievance does not permit a delay until a regular Board meeting for ratification.

M. The *ad hoc* Grievance Committee shall review the grievance, which may include an interview of the grieving employee, and render a recommendation to the Board of Directors by the next scheduled Board meeting as long as the grievance was filed more than ten (10) working days prior to the Board meeting.

N. In the event the grievance is filed with less than ten (10) working days until the next scheduled Board meeting, the *ad hoc* Grievance Committee deadline will not be until the following month's regularly scheduled Board meeting.

O. The decision of the Board of Directors shall be final.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Employee Grievance Form
Attachment B – ADM Board Employee Grievance Form
Attachment C – See ADM Board Policy 2.2: Treatment of Staff

5. PROCEDURE HISTORY:

Effective Date: 2/12/2011	Version Date: 2/14/2015	Last Review Date: 6/14/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	Gerald A. Craig, Executive Directgor The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.2

Procedure Title: Family Medical Leave Act

1. PURPOSE

The ADM Board is covered under The Federal Family and Medical Leave Act of 1993 and complies with all FMLA requirements.

To ensure compliance with The Federal Family and Medical Leave Act of 1993, The ADM Board will adhere to the policy administered by the Human Resource Commission for the County of Summit, Ohio ("County"), County Ordinance 169.22 (i) Leaves of Absence Family Medical Leave and related sections.

2. DEFINITIONS

A. Family Medical Leave Act (FMLA)

The Family and Medical Leave Act of 1993 permits eligible employees to take up to twelve (12) weeks of unpaid leave per twelve (12) month period, for a qualifying reason.

B. Calculation of the Twelve Weeks

An eligible employee is entitled to twelve (12) weeks of Family Medical Leave within a twelve (12) month period beginning on the first date Family Medical Leave is taken. The twelve (12) month period is counted from the date upon which the leave first begins. The next twelve (12) month period would begin the first time Family Medical Leave is taken after the completion of any previous twelve (12) month period.

C. Employee Eligibility

In order to be eligible for Family Medical Leave, an employee must have been employed with the ADM Board for at least twelve (12) months and have worked at least one thousand two hundred fifty (1,250) hours over the previous twelve (12) months immediately preceding the date when the requested leave would begin.

D. Health Care Benefits

Employees granted Family Medical Leave shall continue to receive group health insurance coverage for the duration of the leave as long as the employee continues to make the employee's contribution to the plan. The manager of administration shall notify employees taking unpaid leave for any portion of their Family Medical Leave that the employee must contact the Department of Law, Insurance and Risk Management to arrange to make the employee's contribution. An employee who fails to return to work, for reasons other than a continued serious health condition, shall be required to reimburse the County of Summit for the cost to the County of the insurance premiums paid for the employee's health insurance coverage during the leave period.

E. Intermittent Family Medical Leave/ Reduced Leave Schedule

Intermittent Family Medical Leave is defined as leave taken in separate blocks of time for a single FMLA-qualifying reason. An FMLA reduced leave schedule is a work schedule that reduces employee's usual number of working hours per workday or workweek.

F. Reasons for Leave

Eligible employees are entitled to Family Medical Leave for the following reasons:

- Birth of the employee's child and care of the infant.
- Placement of a child with the employee for adoption or foster care. Leave may be taken intermittently after birth or placement for adoption or foster care. If so approved, the schedule for intermittent leave must also be approved.
- To care for a spouse, child or parent with a serious health condition.
- The employee's own serious health condition, which makes the employee unable to perform the functions of his or her job.
- A qualifying exigency related to an employee's spouse, child or parent's call to active duty as a service member in the Armed Forces.
- To care for a covered service member with a serious injury or illness incurred in the line of duty (up to 26 weeks).
- Employees can take FMLA leave for their biological, adoptive, step or foster father or mother, or for any person who had day-to-day responsibilities or provided financial support for them as children.

Employees cannot take FMLA leave for parents-in-law.

3. PROCEDURE

A. In the case of foreseeable leave, an employee shall submit the *Employee Request for Family Medical Leave* form to their supervising manager who shall then forward the request to the manager of administration for review. (Attachment A)

In the case of foreseeable leave, the form must be completed at least thirty (30) days prior to the requested time off.

After any three (3) consecutive days sick absence, the employee will be informed by the manager of administration of the Family Medical Leave policy and mailed, by certified postage, Family Medical Leave request forms.

B. Within five (5) business days of being notified of the need for Family Medical Leave, the manager of administration shall provide the employee with a completed *Notice of Eligibility and Rights & Responsibilities Form WH-381* (Attachment B) and the appropriate certification papers.

C. The employee requesting leave shall submit the completed certification forms to the manager of administration within fifteen (15) calendar days from receipt of the *Notice of Eligibility and Rights & Responsibilities.*

D. Once the manager of administration has received the completed certification papers from the employee, all information will be reviewed to determine if the leave request qualifies for FMLA.

If the certification form submitted by the employee is incomplete or insufficient, the manager of administration shall notify the employee, and the employee shall have seven (7) calendar days to cure the deficiency.

If the employee fails to cure the deficiency or fails to authorize the manager of administration to contact the employee's doctor in order to cure the deficiency, the leave may be denied.

Within five (5) business days of receiving satisfactory certification, the manager of administration shall complete the *Designation Notice Form* and send it directly to the employee.

E. Family Medical Leave shall run concurrently with any and all paid leave. If an employee has accrued leave, that time shall be counted as part of the twelve (12) weeks of Family Medical Leave. Employees are required to use all accumulated leave while on Family Medical Leave. Employees on FMLA leave shall be required to use paid leave in the following order: compensatory time, sick leave, birthday, vacation.

F. FMLA leave can be taken all at once or, under certain circumstances, on an intermittent or reduced leave schedule.

Employees will be informed whether they can take intermittent leave or a reduced leave schedule when they apply for FMLA leave. When it is physically impossible for employees using intermittent leave or working on a reduced schedule leave to begin or end their work midway through a shift, the entire time that employee is absent will be designated as FMLA leave.

If an employee applies and is approved for Family Medical Leave for the employee's own serious health condition or the serious health condition of a family member, the employee shall be required to recertify such condition every six (6) months in connection with an absence.

G. During FMLA leave, employees must keep their supervising manager informed of the estimated duration of leave and their intended date to return from leave.

If an employee needs to take more or less FMLA leave than originally anticipated while on leave, they must notify EMPLOYER within two (2) business days.

H. Upon return from Family Medical Leave, the employee shall be returned to the employee's original or equivalent job with equivalent status, pay and benefits. All other terms and conditions of employment shall remain the same.

4. RELATED PROCEDURES OR FORM TO BE USED

ADM Board Policy 2.2: Treatment of Staff
HR Procedure 1.0 – Employee Attendance Procedure
Attachment A – Employee Request for Family Medical Leave Form
Attachment B – Notice of Eligibility and Rights & Responsibilities Form WH-381

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
5/31/2011	2/3/2014	6/14/2016	Click here to enter a date.	12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.3

Procedure Title: Professional Development and Training

1. PURPOSE

The ADM Board supports employee professional development attendance at continuing education activities that enhance employee's knowledge and skills as related to effective performance of job responsibilities.

To ensure that attendance at continuing education programs are relevant to both the employee's development and the organization's needs, the ADM Board has developed this procedure to outline the approval process for employee-requested, external job-related conferences, workshops, trainings and seminars.

Exclusions:
This procedure excludes reimbursement for any educational assistance course work which is covered under the ADM Board tuition reimbursement assistance program.

2. DEFINITIONS

A. CONFERENCE
Prearranged meeting for consultation or exchange of information on a topic or agenda item.

B. CONTINUING EDUCATION
An instructional program that brings participants up to date in a particular area of knowledge or skills related to their job responsibilities.

C. SEMINARS
Formal presentation by one or more experts in which the attendees are encouraged to discuss the subject matter.

D. TRAININGS
Organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help attain a required level of knowledge or skills.

E. WORKSHOPS
Educational seminars or series of meetings emphasizing interaction and exchange of information among of participants.

3. PROCEDURE

A. Employees must discuss their desire to attend each training activity, as far in advance as possible with their supervising manager before registering for an event.

B. The employee must submit the Training and Development Request Form (Attachment A) and be prepared to discuss the benefits of attendance to job-related

performance and submit a copy of the registration form, training announcement or training outline, and associated fees for consideration by their supervising manager.

C. The supervising manager will review, approve or deny the request. If denied, the reason for the denial will be provided to the employee by the supervising manager, and the denial forward to the Manger of Administration for filing. If approved the supervising manager will sign the form and return it to the employee.

D. If approved, the employee who is attending the training is responsible for submitting the form authorizing the attendance with an "Availability of Funds for Purchases and Encumbrance Request", form for any applicable registration fees, hotel, transportation, etc. along with supporting documentation. The employee is also responsible for registering for the training and travel arrangement that may be required. A copy of the authorization form will be forwarded by the employee to the Manager of Administration for tracking purposes.

E. If an employee subsequently cannot attend the training, it is the employee's responsibility to discuss cancellation with the supervising manager. The supervising manager may designate a substitute attendee if permissible. If this is not permissible, it is the employee's responsibility to notify the training provider of the cancellation and request that any refund be returned to the County of Summit ADM Board. A copy of the cancellation and request for refund including vendor contact information is to be delivered to the Accountant or Associate Director of Operations. The Accountant will insure the refund is received.

F. The employee is required to add the comment "ADM-Seminar– Education–Training" in the Kronos Timekeeping System and submit a photocopy of the certificate of completion or attendance to the Manager of Administration for inclusion in the employee's personnel file.

G. Employees are encouraged to retain a copy of the training certificate and discuss benefits of the training with their supervising manager.

H. Employees are encouraged to car pool whenever possible. When more than one (1) employee travels in the same vehicle, no more than one (1) employee may claim reimbursement for mileage expenses.

4. RELATED PROCEDURES OR FORM TO BE USED

Training and Development Request Form (Attachment A)
ADM Board Policy 2.2: Treatment of Staff
HR Procedure 1.0: Employee Attendance Procedure
F2: Purchasing Procedure
F8: Travel, Training, Seminar & Other Business Expenses

5. PROCEDURE HISTORY:

Effective Date: 7/1/2011	Version Date: 2/3/2014	Last Review Date: 6/14/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			

Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.4

Procedure Title: Requests to Work From Home

1. PURPOSE

To provide employee guidance on the procedure to submit a request to work from home.

2. DEFINITIONS - N/A

3. PROCEDURE

A. Employees with a need to work at home shall submit a Request to Work at Home form (Attachment A) to the supervising manager prior to his/her working at home. Upon review, the supervising manager may approve or disapprove the employee's request.

B. Granting of a request is at the sole discretion of the supervising manager, and each application is considered upon its own merits, the personal reason of the employee and the needs of the agency. Therefore, approval of a request will not create a precedent or establish past practice.

C. Approved work at home requests will be scheduled in advance and shall not conflict with the needs of the organization.

D. Employees working at home will be expected to have a telephone dedicated for business use during work hours. Likewise, employees will also be expected to arrange for all other equipment necessary to complete the tasks necessary to do their job. Equipment and supplies may be provided by the agency when prior arrangements to do so have been made.

E. Employees shall provide themselves with a safe, office-like environment and shall comply with the attendance procedure while working at home, as if the employee were working at the office. Employees are required to record in the ADM Board timekeeping system all hours worked from home, including appropriate comment with specificity. Workers' Compensation, and all other applicable policies, shall apply while working at home

F. Abuse of the privilege of working at home, may result in its cancellation by the supervising manager, notification to immediately report to work, and disciplinary action.

G. An employee may return to work before the scheduled expiration of working at home, provided he/she notifies their supervising manager of his/her return.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – "Request to Work at Home" form

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
5/25/2010	1/30/2014	6/14/2016	Click here to enter a date.	12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.5

Procedure Title: New Hire Orientation and Probationary Period

1. PURPOSE

To ensure that all newly hired, transferred and promoted employees are adequately orientated and trained.

2. DEFINITIONS – N/A

3. PROCEDURE

A. All newly hired, transferred and promoted employees are required to serve a six-month probationary period beginning with the date of original appointment or date of promotion, as applicable. Time spent on approved unpaid leave does not count toward completion of the probationary period

B. The employee will be offered orientation training by their supervising manager to introduce the employee to the agency's culture, purpose and operations, and to convey and document understanding of the terms, conditions and benefits of employment.

C. Supervising managers are expected to provide newly hired, transferred and promoted employees with a more specific orientation about their department, agency policies, expected conduct, performance standards, job methods, responsibilities, work rules including the specifics of each job assignment, how to report off work, Kronos Timekeeping System and work rules consistent with established procedures.

D. The New Employee Orientation Checklist (Attachment A) shall be followed to provide training structure and guidance, and to ensure that important areas of employment and the job are covered with the employee.

E. Upon successful completion, the New Employee Orientation Checklist shall be signed and dated by both the employee and the person providing training.

F. The New Employee Orientation Checklist shall be given to the Manager of Administration to be retained in the employee's personnel file.

G. During the probationary period, the supervising manager will closely observe and evaluate the employee's performance and job aptitude.

H. Likewise, the employee is encouraged to bring concerns and questions to his/her supervisor to seek direction as necessary.

I. Newly hired and promoted employees will be evaluated halfway through the probationary period, and again within ten (10) days prior to its completion.

J. At the end of the probationary period the supervising manager and the employee will establish goals for the new hire's professional development plan.

K. The Executive Director will retain only those newly hired probationary employees who meet acceptable work standards during the probationary period.

L. Newly hired employees may be separated at any time during the probationary period without cause and without appeal rights to the State Board of Personnel Review (SBPR).

M. A newly promoted employee who does not meet work standards during his/her promotional probationary period may be reduced back to the position and pay from which he/she was promoted. Newly promoted employees may be reduced at any time during the probationary period without appeal rights to the SBPR, and any time thereafter with cause.

N. Although employees discharged or reduced during their probationary period do not have the right to appeal such discharge or reduction to the SBPR, they may appeal to the ADM Board of Directors in accordance with the Employee Grievance Procedure.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A: New Employee Orientation Checklist Form

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
1/16/2014	1/16/2014	6/6/2016	Click here to enter a date.	12/5/2017
Staff responsible	Supervising Managers, Manager of Administration			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.6

Procedure Title: Employee Professional Development Plans

1. PURPOSE

To provide clear guidelines on the Performance Development Plan (PDP) that the ADM Board has adopted to evaluate employee performance.

2. DEFINITIONS

A. Performance Evaluations

1. Employees will be provided with an annual performance evaluation as a means of providing feedback to the employee on the performance of position responsibilities, essential functions, goals, projects and competency development.

B. Performance Development Plan:

1. The performance development plan (PDP) is the process the ADM Board has adopted instead of traditional year-end performance evaluations. The PDP process includes year- round performance planning and is designed to ensure that employees:
   - know their duties and responsibilities,
   - understand the goals that they have developed with their supervising manager,
   - receive timely feedback about their performance, and
   - are evaluated in a fair and consistent manner.

C. Performance Management:

1. Performance management is a goal-oriented system to ensure that organizational processes exist to maximize the productivity of employees, teams, and the organization.

D. SMART(s) guidelines:

The SMART(s) guidelines are used to assist employees with developing goals recorded in the employee's individual performance plan.

- Specific – The employee knows exactly what is expected.
- Measurable - Measurements are established so both the manager and employee can monitor performance or progress toward meeting goals.
- Achievable - The goal is not just a wish, it has a basis in reality.
- Results Focused - The goal is focused on accomplishments, not activities.
- Time Bound - The goal has a specific deadline or time frame for accomplishment.
- Stretch - The goal will be a challenge to meet, not an automatic accomplishment.

3. PROCEDURE

A. Supervising managers and their employees are required to create a professional development plan (PDP) at the beginning of each calendar year for existing employees. Newly hired, promoted and transferred employees will establish goals with their supervising manager as part of their new hire orientation probationary period evaluation.

B. In the first quarter of each calendar year, employees and supervising managers will meet to formulate annual goals.

C. The employee and supervising manager are responsible for developing three to five goals using the SMART(s) guidelines.

D. The employee and the supervising manager will meet to develop and finalize the employee's performance development plan which will include performance expectations and goals; ensuring that all are in alignment with the ADM Board's mission and their departmental goals.

E. The employee's performance development plan will be signed by both the employee and the supervising manager to ensure mutual agreement. (See Attachment A)

F. The supervising manager and employee will establish three dates during the year to evaluate goals and progress as outlined in the PDP.

G. The supervising manager will be responsible for the performance management of the employee by monitoring progress and documenting on the performance and goal progression log, as discussed at the quarterly meetings.

H. During the year end review meeting, the supervising manager and employee will review the degree to which the employee was successful in meeting performance goals as set out in the PDP and will begin performance planning for the next calendar year.

I. Copies of all completed forms should be retained by the employee and held by the supervising manager under confidential arrangements, in a local, secure place. The original copy of the forms, as well as the completed reviews, should be forwarded to the manager of administration.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - Employee Professional Development Forms

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
5/25/2010	1/30/2014	6/14/2016	Click here to enter a date.	12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.7

Procedure Title: Reasonable Accommodations

1. PURPOSE

The ADM Board complies with applicable State and Federal laws relating to employees with disabilities. Those laws impose various prohibitions on discrimination against applicants and employees with disabilities and require reasonable accommodation to enable covered individuals to perform essential job functions.

2. DEFINITIONS

A. Disability

A physical or mental impairment that substantially limits one or more of a person's major life activities;

B. Reasonable Accommodations

"Reasonable Accommodation" is a broad and fluid concept. There is no single accommodation that applies to all disabled individuals, and the appropriate accommodation in any particular situation must be customized to fit the individual situation. This requires interaction between and information and participation from both the employer and the employee. It is not possible to list all potential accommodations. However, some examples include modification of work tools or environment, providing specialized equipment, and granting of available leave for treatment or recovery purposes.

Accommodations shall be made on a case-by-case basis, depending upon relevant facts and circumstances. Accommodations made for a disabled employee shall not create any precedent, and shall not be considered a past practice, or an expectation or benefit of employment as it relates to other employees who are not disabled.

3. PROCEDURE

A. An individual who is requesting an accommodation should initiate the request in writing and submit to the Manager of Administration.

B. The request should specify the essential job duty that needs accommodation, and suggested accommodation(s) if known by the employee. If the request is not made in writing, the Manager of Administration shall create a written record of the request to document it.

C. Upon receipt of an accommodation request, the Manager of Administration and the supervising manager will make a concerted effort to have an interactive dialogue with the applicant/employee to discuss with the individual what reasonable accommodations will allow him/her to perform the essential functions of the position.

D. With the Executive Director's approval the Manager of Administration may also request that a qualified medical practitioner provide documentation regarding the disability and prognosis to help determine the scope and type of reasonable accommodation needed to enable the employee to perform essential job functions. Such request for medical documentation shall be limited to when information is insufficient as to the existence of the disability, or the need and scope of accommodation. Requests shall not be made regarding disabilities or other medical conditions that do not need accommodation.

E. If the employee provides insufficient information to determine if a disability exists, the employee will be given an opportunity to provide the missing information. However, requests for additional information shall not be made if both the disability and need for accommodation are obvious, and the employee has already provided sufficient information to demonstrate that he/she has a disability and needs accommodation.

F. The Manager of Administration shall document all information pertaining to disability accommodations, including but not limited to, what accommodations are proposed, what accommodations are agreed upon and provided.

G. Although the employee's preferences for an accommodation will typically be considered, the decision as to the appropriate accommodation, or whether to accommodate, shall be at the sole discretion of the Executive Director, within the requirements of the law. Likewise, the Executive Director shall determine when an accommodation would create an undue hardship. Factors considered include, but shall not be limited to, when the accommodation would create a significant financial impact on the ADM Board, or when an accommodation would significantly disrupt operations.

H. Once a decision has been made, the Manager of Administration will notify the individual of the decision on the accommodation request.

I. If the accommodation request is denied, the individual will be advised of the right to appeal the decision.

4. RELATED PROCEDURES OR FORM TO BE USED

ADM Board Policy 2.2: Treatment of Staff

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
6/14/2016	6/14/2016	3T	3T	12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.8

Procedure Title: Immigration Reform and Employment Eligibility Verification

1. PURPOSE

The ADM Board complies with the requirements established by the Immigration Reform and Control Act of 1986. In general, the ADM Board will not knowingly hire, recruit or continue employment of any alien not eligible to work in the United States. Therefore, as a condition of employment, the manager of administration shall verify the identity and employment eligibility of each newly hired employee, and shall maintain a record keeping system, which documents compliance with the Act.

2. DEFINITIONS - N/A

3. PROCEDURE

A. Each newly hired employee must have the ability to document identity and employment eligibility within three (3) days of appointment date as a condition of employment in compliance with Immigration Reform and Control Act requirements.

B. The ADM Board certifies employment eligibility verification using the E-Verify Program, which is an Internet-based system that compares information from an employee's Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility to certify employment eligibility.

C. On the first day of employment, to verify identity, the employee must complete the biographical information requested on the Employment Verification Form I-9 (I-9) and present either one original document from List A or one original document from List B. In carrying out this step, the manager of administration does not advise the employee which documents to present or which documents are preferable.

D. The new employee shall sign Section 1, and shall submit the completed I-9 form, with the required supporting documentation to the manager of administration for review and verification prior to the close of business on the first day employment.

E. The manager of administration will examine the original documents provided by the new employee to verify that they are on the list of acceptable documents, that they appear genuine and relate to the employee, and that they evidence the employee's unexpired employment eligibility.

F. The manager of administration will fully complete Section 2 "Employer Review and Verification" with the pertinent information from the employee's documents, including document numbers, issuing authority and expiration dates, if any. The Employee must be physically present when Section 2 is being completed.

G. After completion of Section 1 and Section 2 of the Form I-9, the manager of administration will use the E-Verify Program to certify employment eligibility. The certification will be complete within in three days of the start date.

H. In the event that a new employee does not have valid authorization, unable to produce the required document(s) or a receipt substantiating that application has submitted for the documents the manager of administration will explore circumstances with the employee and make recommendations to the Executive Director for continued employment according to the facts of the particular situation of the employee.

I. Employee I-9 forms are confidential records and shall not be used for any purpose or provided to any agency or person other than for the purpose of complying with the requirements of the Immigration Reform and Control Act.

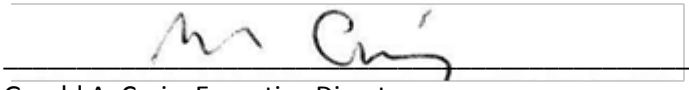
J. All I-9 forms and copies of supporting documentation will be stored separate from personnel records to facilitate an inspection request.

K. Should an employee be rehired within one (1) year of the date of separation, the employee's original I-9 form and supporting documentation may be used for the purpose of complying with this Act.

4. RELATED PROCEDURES OR FORM TO BE USED

Form I-9, Employment Eligibility Verification

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
5/20/2013	1/30/2014	6/14/2016	4T	12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.9

Procedure Title: Keys and Keycards

1. PURPOSE

An Identification (ID) badge reader controls access to the designated employee entrance and other authorized areas. Authorized employees are issued an ADM Board ID badge and office keys.

2. DEFINITIONS - N/A

3. PROCEDURE

A. When a new employee officially accepts, in writing, a position with the County of Summit Alcohol, Drug Addiction & Mental Health Services (ADM) Board, the Manager of Administration will consult with the supervising manager on the employee's work hours, workstation or office assignment and the level of key access that should be authorized in order to allow the employee to perform the essential duties and responsibilities of the position.

B. The Manager of Administration will complete an Identification and Building Key Card Request Form (Attachment A) providing the new employee's full name, job title, start date, and the type of access the employee should have to the building. (ADM Regular Hours, ADM Extended Hours or ADM 24/7).

C. Once the Building Key Card Request Form is completed the Manager of Administration will submit the Form to Summit County Public Health's (SCPH's) Human Resource Department for approval and to schedule a date and time to issue the key card to the employee.

D. ADM Board independent contractors, students, temporary employees, interns and other such persons may be issued an ADM Board affiliate identification badge after the supervising manager consults with the Manager of Administration on the duration of the assignment and the reasonableness for keycard and key access.

E. The employee will sign for the keycard issued by SCPH's Human Resource Department.

F. ADM Board employees and ADM Board affiliates that are issued a keycard are required to wear their identification badge while at work.

G. Once an assignment to a workstation or office is assigned to the employee, the Manager of Administration will complete an ADM Board Key Distribution Form (Attachment B) providing the new employee's full name, job title, type of key, serial number and access location.

H. Annually, the Manager of Administration will conduct an audit to ensure that employees have their key(s), and review keycard access for reasonableness.

I. The Manager of Administration, in consultation with the supervising manager shall recommend limits of access to current active employees and independent

contractors, taking into consideration the level of access needed to perform required job functions.

J. If a keycard or key is lost, employees are required to report this to the Manager of Administration immediately.

K. The Manager of Administration will promptly report the lost keycard/key to Summit County Public Heath's Help Desk to request a new keycard and to deactivate the card.

L. When an employee leaves employment with the ADM Board, they are required to return all keys and keycard to the Manager of Administration.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A – Identification and Building Key Card Request Form
Attachment B – ADM Board Key Distribution Form

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 8/22/2012	Last Review Date: 6/14/2016	Retired Date: 3T	Next Review Date: 12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.10

Procedure Title: Personnel File Checklist and Audit

1. PURPOSE

To ensure that official and complete personnel files are created and maintained for each ADM Board employee that contain all required personnel related documents.

2. DEFINITIONS - N/A

3. PROCEDURE

A. Once an employee accepts an appointment to a position with the ADM Board, the Manager of Administration will create and maintain an official personnel file. Personnel files will be stored in a locked filing cabinet.

B. The employee medical record and the I-9 form with copies of supporting documentation shall be maintained by the Manager of Administration in separate files stored in a locked file cabinet.

C. Prior to the date of appointment, the Manager of Administration and the new employee will arrange for the production and completion of documents needed to create the official personnel file.

D. The new employee will be required to complete the forms listed on the Employee Personnel File Checklist and Audit Form (Attachment A) and provide supporting documentation prior to the date of appointment, but no later than the close of business on the first day of employment.

E. Within three (3) days of the date of employment the employee's official personnel file will be reviewed by the Manager of Administration against the employee checklist for completeness. Any noted deficiencies will be corrected immediately by the Manager of Administration. Once completed, the Manager of Administration will sign and date the completed checklist.

F. To ensure accuracy and completeness of the personnel file, all ADM Board official personnel files will be reviewed annually in November by the Manager of Administration. The Employee Personnel File Audit Checklist will be used for this audit. The Associate Director of Operations will then audit the personnel files using the checklist to verify that the record is maintained by initialing and dating the checklist. Any noted deficiencies will be corrected immediately by the Manager of Administration.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - Personnel File Checklist and Audit Form

Continued …

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	6/3/2013	6/14/2016	3T	12/13/2017
Staff responsible	Jackie Steward, Manager of Administration			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.11

Procedure Title: Drug Free Workplace

1. PURPOSE

ADM Board employees are prohibited from unlawfully manufacturing, distributing, dispensing, possessing, or using alcohol or any controlled substance or intoxicant. The ADM Board's drug free workplace policy and procedure applies to all employees while on duty on or off premises.

2. DEFINITIONS

A. Confidentiality: All information received by the ADM Board through the drug-free workplace program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant privacy laws and policies.

B. Communication: Communicating our drug-free workplace policy to both supervising managers and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace. The policy will be reviewed in orientation sessions with new employees. All employees will receive drug free workplace training every two years.

C. Drug-related offenses: The Drug-Free Workplace Act of 1988 requires that any employee who is convicted of a drug-related offense must notify the organization in writing within five calendar days of the conviction. The organization will take appropriate action within 30 days of notification.

D. Pre-Employment Testing: Applicants for new employment shall be tested for controlled substances. At the interview, the applicant will be given a Pre-Employment Drug Testing Consent and Release Form to be signed giving their permission to pre- employment testing. (Attachment A)

E. Prescription and Over-the-Counter Medications: Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe workplace practices. The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications.

F. Post-Accident Testing: Employees are required to report vehicle accidents and or workplace injuries, immediately to their supervising manager and or the manager of administration. Employees who are involved in motor vehicle accidents are required to report the accident to the law enforcement agency in the jurisdiction of the accident. Any decision about alcohol or other drug testing will be determined by responding law enforcement officials.

G. Reasonable Suspicion: If a supervising manager believes there is reasonable suspicion that an employee is under influence of alcohol or controlled substances they will utilize the Recognizing Job Performance Problems Checklist and Observed Behavior-Reasonable Cause Record to document their observations as outlined in the Abuse Policy and Procedures Supervisor Supplement for Supervisors.

3. PROCEDURE

A. The County of Summit Department of Law, Insurance and Risk Management serves as the ADM Board's benefits administrator of employee benefits and for compliance with drug free workplace testing.

B. To ensure compliance with the County of Summit's Drug Free Workplace Program and the parameters set forth, the ADM Board will reference the County of Summit Department of Human Resource Substance Abuse Policy and Procedures Manual for guidance on the operational rules for a drug free workplace; with some restrictions. **(Attachment B)**

C. Supervising managers will reference the County of Summit Department of Human Resource Substance Abuse Policy and Procedures Supervisor Supplement for guidance on the operational rules for a drug free workplace; with some restrictions. (Attachment C)

D. The Manager of Administration serves as the ADM Board's substance abuse coordinator and will consult directly with the County of Summit Substance Abuse Administrator for the drug free workplace program and testing.

E. Employees are advised that the County of Summit Human Resources Department Substance Abuse Policy and Procedures serve only as operational guidance as the ADM Board does not operate under the Codified Ordinance 169. As outlined in the Executive Limitation Policy 2.2 Treatment of Staff the ADM Board's Executive Director has the overall authority for the approving and implementing personnel rules and procedures.

F. Any disputes arising under this procedure are governed by the employee grievance procedure.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A : Pre-Employment Drug Testing Consent and Release Form
Attachment B: County of Summit Substance Abuse Policy Manual (05/14/10)
Attachment C: County of Summit Substance Abuse Policy Manual Supervisor Supplement (05/14/10)

5. PROCEDURE HISTORY:

Effective	Version Date:	Last Review Date:	Retired	Next Review

Date: 8/19/2016	8/19/2016	6/16/2016	Date: 2T	Date: 12/15/2017
Staff responsible	Supervising Managers, Manager of Administration			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Human Resources

Procedure Number: HR 1.12

Procedure Title: Student Internships and Field Placements

1. PURPOSE

To establish a process by which internships and field placements are reviewed and approved at the ADM Board.

2. DEFINITIONS (OPTIONAL FIELD)

POLICY:

A. An Intern is a student who chooses to gain experience to fulfill credits or requirements of an academic program, education institution, or school/ research project. An intern must be officially enrolled by the institution prior to performance of the tasks. Interns are not employees of the ADM Board.

B. The training is an extension of a course of study toward a degree or licensure by the intern. Even though the intern works on, or from, the business or organization worksite, the work must be "similar to training which would be given in an educational environment."

C. The training is for the benefit of the intern.

D. The work of an intern does not supplant or displace regular ADM Board staff. The intern works under close observation of ADM Board staff.

E. The ADM Board may not receive any immediate benefit or advantage directly from the intern's activities.

F. The intern is not entitled to a job at the conclusion of the internship. The ADM Board holds out no promise of future employment.

G. University internships and/or field placements are not paid positions.

H. The ADM Board will reimburse the intern for actual and necessary expenditures in accordance with the expense guidelines in the employee handbook, as long as they incur in the performance of their duties as an intern. Expenditures for which reimbursement is requested shall be reported on Board's Travel Expense Form with receipts attached for all items.

3. PROCEDURE

A. When an inquiry is made by a candidate for an internship or field placement the request will be routed to the appropriate manager for review based on the scope of activities for which an internship is being sought.

B. Prior to accepting a student for internship or a field placement, the manager will meet with their department employees to begin completion of the Internship and Field Placement Official Record Checklist (Attachment A).

C. The team will consider procedure guidelines, projects and available learning opportunities that may align with the intern's requirements.

D. The supervising manager will determine who will handle the primary role of supervision of the intern in accordance with school and other applicable requirements.

E. The manager forwards a recommendation to the Executive Director for consideration of approval for placement. The Executive Director will inform the manager and the Manager of Administration of the decision via email.

F. Upon approval by the Executive Director the manager will notify the Manager of Administration and the employee responsible for providing intern supervision.

G. The Manager of Administration shall create the official record for the intern and coordinate the assignment of a workstation, equipment and information technology needs.

H. The employee providing supervision is responsible for providing orientation and completing the Internship and Field Placement Official Record Checklist with the intern, delivering the Checklist and supporting documentation to the Manager of Administration within ten (10) days of placement.

I. One week prior to the conclusion of the intern's assignment, the Manager of Administration will deploy an Intern and Field Placement Exit Survey for the intern to complete. (Attachment B). Aggregate results of the field placement survey will be incorporated into the Boards Continuous Quality Improvement (CQI) process

J. Once the intern assignment is completed all original documents must be submitted to the Manager of Administration who is responsible for maintaining the official file. The file will be stored in a locked filing cabinet.

4. RELATED PROCEDURES OR FORM TO BE USED

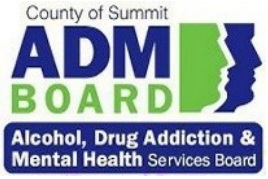
Attachment A: Internship and Field Placement Official Record Checklist
Attachment B: Internship and Field Placement Exit Survey

5. PROCEDURE HISTORY:

Effective Date: 6/16/2016	Version Date: 6/16/2016	Last Review Date: 6/16/2016	Retired Date: 2T	Next Review Date: 12/15/2017
Staff responsible	Supervising Managers, Manager of Administration			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Information Technology

Standard Operating Procedure



Department: Information Technology

Procedure Number: ITP 01

Procedure Title: Multiple Agency Community Service Information System (MACSIS)

1. PURPOSE

The County of Summit ADM Board is responsible for enrolling and maintaining clients who are residents of Summit County and are receiving behavioral health related services that are funded in part or in whole by funds administered by the County of Summit ADM Board.

2. DEFINITIONS - N/A

MACSIS: The Multiple Agency Community Service Information System (MACSIS) is the state wide information system hosted by the Ohio Department of Mental Health & Addiction Services (OhioMHAS) by which all county boards enroll clients and reimburse providers for services delivered to those clients.

Diamond: Diamond is the software that manages this enrolment/payment information system and the name "Diamond" is often used interchangeably with MACSIS. However, the term MACSIS can be used in a general sense to encompass other state data set requirements which include both Behavioral Health Module and Outcomes record submissions

3. PROCEDURE

A. Enrollment (Clients with start dates prior to 1/1/2016)

1. In order to effectively execute client enrollment's the ADM Board will follow the related guidelines, policies, and procedures as outlined in the Board's operations manual and those published in the state departments' *Board Operations Manual - HIPAA Member Section*, the *Guidelines Pertaining to the Implementation of MACSIS under HIPAA*, and the *Guidelines and Operating Principles for Residency Determinations Among CMH-ADAS-ADAMHS Boards*.

B. Claims (Claims with service dates prior to 1/1/2016)

1. The ADM Board is responsible for accepting HIPAA 837 compliant claims files from OhioMHAS certified Summit County providers, logging such files, checking the files for structural integrity, transferring the files to the state department for processing in MACSIS, working adjudication related reports, transferring RA (Remittance Advice) related files back to providers, and reimbursing providers for adjudicated services.
    a. In order to effectively manage claims related processes the Board will follow the related guidelines, policies, and procedures as outlined in the Board's operations manual and those published in the state departments' *Board Operations Manual - HIPAA Claims Section* and *Guidelines Pertaining to the Implementation of MACSIS under HIPAA*.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 02

Procedure Title: MACSIS Member/Eligibility Extract Processing

1. PURPOSE

On a weekly basis, the state department's MACSIS Operations Management (MOM) staff creates an extract of pricing data (rates for all services by provider). The following procedure describes the process of attaining, storing, and importing the dataset.

2. DEFINITIONS - N/A

3. PROCEDURE

A. This extract is a compressed delimited text file and has the following naming convention:

1. *mmdd*.encrypted.member.extract.77b.zip

   a. "mmdd" is the date in which the file was created (i.e. for May 1st it would be may01)

   b. "encrypted" indicates that the file is password protected

   c. "member.extract" indicates that it is the member extract

   d. "77b" is the ID designated for Summit County

   e. "zip" is the standard extension for this type of compressed file.

B. A new replacement file should be available on the state's *mhhub.odn.state.oh.us* FTP server in the /county/summit/extracts directory by Monday each week.

C. It must be downloaded and placed in the \\ADMFILE\UserData\MACSIS\MEMBER\YYYY\MEMBER directory (where YYYY represents the current year—i.e. "2005"). Once the file is retrieved, it must be extracted to the \\ADMSQL\IMPORT directory and renamed to "hipaamember.txt". If a file with that same name still exists in the directory, the old file must be deleted.

D. At this point, the Macsis Member Integrated Services package can be run to import the file into the board's Macsis SQL server database.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 03

Procedure Title: MACSIS Claims Extract Processing

1. PURPOSE

On a weekly basis, the state department's MACSIS Operations Management (MOM) staff creates an extract of claim related data. The following procedure describes the process of attaining, storing, and importing the dataset.

2. DEFINITIONS:

GOSH: Great Office Solution Helper is a web application software framework designed for Ohio Mental Health and Alcohol Drug Boards for claims processing and adjudication.

3. PROCEDURE

A. This extract is a compressed delimited text file and has the following naming convention:

1. *mmdd*.encrypted.claims.extract.77b.zip
   a. "mmdd" is the date in which the file was created (i.e. for May 1st it would be may01)
   b. "encrypted" indicates that the file is password protected
   c. "claims.extract" indicates that it is the member extract
   d. "77b" is the ID designated for Summit County
   e. "zip" is the standard extension for this type of compressed file.

B. A new replacement file should be available on the state's *mhhub.odn.state.oh.us* FTP server in the /county/summit/extracts directory by Monday each week.

C. It must be downloaded and placed in the \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\EXTRACT directory (where YYYY represents the current year—i.e. "2005")

D. Once the file is retrieved, it must be extracted to the \\ADMFILE\IMPORT directory and renamed to "hipaaclaims.txt". If a file with that same name still exists in the directory, the old file must be deleted.

E. In parallel with this process, a GOSH claims extract is also created (see GOSH Claims and Member Extract Procedure).

1. The GOSH Claims Extract needs to be copied to the \\ADMFILE\IMPORT directory and renamed to "GOSHClaimsCurrent.txt." If a file with that same name still exists in the directory, the old file must be deleted.

F. At this point, the MacsisGOSH_Claims Integrated Services package can be run to import the files into the board's Macsis SQL server database.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 05

Procedure Title: MACSIS Claims Files Processing

1. PURPOSE

To establish a procedure by which claims' files are stored, "passed along", and processed through MACSIS. This procedure only applies to claims with calendar year 2015 service dates.

2. DEFINITIONS:

The Health Insurance Portability and Accountability Act (HIPAA) - requires that health insurance payers in the United States, comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

File Transfer Protocol (FTP): The file transfer protocol (FTP) is a standard network protocol used to transfer computer files between a client and server on computer network.

The Health Insurance Portability and Accountability Act 837 5010- 837 is the standard format for transmitting health care claims electronically. 5010 is the current electronic claim version

3. PROCEDURE

A. Claim Files Submitted by Providers

1. Providers may submit claims files via secured File Transfer Protocol (FTP) or on disposable media (floppy or compact disk). The preferred method is via FTP.
   a. Files must adhere to the MACSIS implementation of the HIPAA 837 5010 format and be named using the following convention:
      (1) Wxxxxxx#.julyy
         (a) "W" indicates that it is a 837 5010 file
         (b) "xxxxxx" is the UPI for the agency in which the file is being submitted (i.e. 001508)
         (c) "#" is the sequential number to uniquely identify multiple files being submitted by the same provider on the same date.
         (d) "jul" is the Julian date on which the file was created (i.e. 362).
         (e) "yy" is the two digit year for which the file was created (i.e. 2009 would be 09).
   b. Files not adhering to the naming convention will be rejected and the provider notified as such.
2. An emailed, faxed, or printed summary listing the name, size, number of claims, and total billed must accompany each file.
3. Files can be submitted at any time, any files received by noon on a Board working day will be submitted for processing that day. Files submitted after "noon" may

make it in that day's submission; however, as a rule they will be submitted on the next business day.

4. Providers who FTP files must place them in their designated upload directory.

5. All submitted claims files are copied from the FTP server (or disposable media) to the appropriate \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\SUBMISSION\DDD\DDD\UPLOAD directory.

   a. "YYYY" indicates the year (i.e. "2005")

   b. 'DDD" indicates the day of the year for the Sunday in the week the files are received.

   c. "DDD" indicates the day in which the files were submitted

6. By the end of business, all files are FTP'd to the /county/summit/hipaa/input directory on the state's *mhhub.odn.state.oh.us* server. The files must be transferred in ASCII mode.

7. A screen print showing the files on the state's server is then taken and stored in the same submission directory to document the transfer. This screen print is then emailed to each of the agencies that submitted files.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 06

Procedure Title: MACSIS Retro-Medicaid File Processing

1. PURPOSE

To describe the monthly process by which IT staff download Macsis Retro-Medicaid files and generate the Retro-Medicaid reports that are needed in order for the claims to be readjudicated as Medicaid payable.

2. DEFINITIONS - N/A

3. PROCEDURE

A. A single compressed file contains the three Retro-Medicaid files. The naming convention for the compressed file is as follows:

1. mcd*mmdd*.encrypted.group77b.zip
   a. "mcd" is a constant for Medicaid
   b. "mmdd" is the date in which the file was created (i.e. for May 1st it would be may01)
   c. "encrypted" indicates that the file is password protected
   d. "group77b" is the ID designated for Summit County
   e. "zip" is the standard extension for this type of compressed file.
2. The state notifies via email all claims list server members when the new file is available on the state's *mhhub.odn.state.oh.us* FTP server--our file will be in the /county/summit/extracts directory.
3. It must be downloaded and placed in the \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\RETRO directory (where YYYY represents the current year—i.e. "2005")
4. Once the file is retrieved, the three files can then be extracted and placed in the \\ADMFILE\IMPORT directory. The original files will be named as follows:
   a. hm*mmdd*.ret.clm.group77b
      (1) "h" designates it as a HIPAA file (previously important when the state was running both a HIPAA and PROD server)
      (2) "mmdd" is the date in which the file was created (i.e. for May 1st it would be may01)
      (3) "group77b" is the ID designated for Summit County
      (4) This file must be renamed "hipaamedretro.txt" (if a file of the same name exists, delete the older file)

b. hm*mmdd*.ret.clmfxmbr.group77b

(1) "h" designates it as a HIPAA file (previously important when the state was running both a HIPAA and PROD server)

(2) "mmdd" is the date in which the file was created (i.e. for May 1st it would be may01)

(3) "group77b" is the ID designated for Summit County

(4) This file must be renamed "hipaamedretrofix.txt" (if a file of the same name exists, delete the older file)

c. hm*mmdd*.ret.mbr.group77b

(1) "h" designates it as a HIPAA file (previously important when the state was running both a HIPAA and PROD server)

(2) "mmdd" is the date in which the file was created (i.e. for May 1st it would be may01)

(3) "group77b" is the ID designated for Summit County

(4) This file must be renamed "hipaamedretromember.txt" (if a file of the same name exists, delete the older file)

B. At this point, the Macsis_MedicaidRetro Integrated Services package can be run to import the files into the board's Macsis SQL server database.

C. HIPAA Medicaid Retro-Fix Member Spans Report

1. The "hipaamedretromember.txt" is a delimited text file which contains members whose spans must be fixed because of retroactive Medicaid eligibility.

   a. This file should then be opened in Excel, printed, and distributed to the claims adjudicator so that the spans can be worked.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 07

Procedure Title: MACSIS Retroactive Medicaid Script Processing and Agency Reports

1. PURPOSE

To establish a procedure for processing retroactive Medicaid claims as determined by the State in MACSIS.

2. DEFINITIONS - N/A

3. PROCEDURE

A. Once all spans have been worked by the claims adjudicator, any alterations that need to be made to the related SQL stored procedure(s) must be completed prior to generating any script files.

1. For all claims, run the MCDRetroReverseOnly.ps1 powershell script.
   a. An ECF file named: MCDRetroReverseOnly (2013-05-15).ECF will be created in the \\ADMFILE\IMPORT directory. The date included will be today's date.
   b. Log into Diamond and run the ECF file to process the claims – **DO NOT ATTEMPT THIS UNLESS YOU HAVE BEEN TRAINED TO PROCESS ECF SCRIPT FILES.**
   c. Once the file has been processed, copy it to the \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\RETRO\ADJ REPORTS directory for retention.
2. Generate and distribute spreadsheets of reversed claims.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 08

Procedure Title: OPLST Reports

1. PURPOSE

To establish a procedure for processing weekly OPLST Files

2. DEFINITIONS:

OPLIST: The OPLST Claims Status Report displays the number of claims and associated dollar amounts owed to a Provider as a result of the claims having been received into the MACSIS system during the respective reporting period (a calendar month) regardless of their current "payment" status.

3. PROCEDURE

A. MACSIS Processing Application

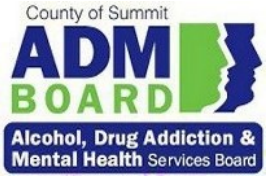
1. After being notified (by the IT Manager or IT Specialist) that the OPLST files have been imported, click on the MACSIS Processing software icon on desktop
2. Select PREDI/OPLST Processing, and run each of the following reports:
   a. Denied Claims
      (1) This report is to split into individual PDF files for each provider and distributed to the provider's FTP download directory.
   b. Agency Batch Roll-Up Error Report
      (1) This report is to split into individual PDF files for each provider and distributed to the provider's FTP download directory
   c. Board Batch Roll-Up Error Report
      (1) Each "P" claim that appears on this report is to be placed on hold by the date indicated on the report
   d. Agency Batch/Extract Roll-Up Error Report
      (1) This report is to split into individual PDF files for each provider and distributed to the provider's FTP download directory.
3. Click, Return to Main Menu
4. Click, Quit to exit the software

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/27/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure



Department: Information Technology

Procedure Number: ITP 09

Procedure Title: Electronic Remittance Advice (RA) Processing

1. PURPOSE

To establish a procedure for generating Remittance Advice payment data and reports.

2. DEFINITIONS:

SQL Server: a database server that implements the Structured Query Language.

3. PROCEDURE

A. To generate the data for the remittance advice reports, one must have access to the appropriate SQL Server stored procedures as well as have appropriate access to the queries to run reports from the MACSIS Processing Application.

1. Stored Procedures
   a. Alter the speraExtract(1)_createERA procedure to include the most recent MACSIS postdate and then run the procedure.
   b. Alter the speraExtract(1.1)_createERA procedure to include the most recent GOSH postdate and then run the procedure.
   c. Run speraExtract(2)_updateCalcERA.
   d. Run speraExtract(3)_updateffpERA
   e. Run speraExtract(4)_agencydetail_OOCTYnetzero
2. Click on the MACSIS Processing software icon on desktop
   a. Click on ERA Processing
3. Run and print Reports
   a. All reports listed under ERA Processing
   b. Distribute OOCTY Net Zero Report to the Claims Adjudicator, all others go to Finance Staff.
4. Return to Main Menu
5. Click, Quit to exit the software

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/27/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 10

Procedure Title: Distribution of Remittance Advice (RA) Files to Providers

1. PURPOSE

To establish a procedure for distributing remittance advice related files to agencies.

2. DEFINITIONS:

835 Electronic Remittance Advice: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is intended to provide better access to health insurance, limit fraud and abuse, and reduce administrative costs of the health care industry. Under HIPAA there are specific standards for the transactions of 835 Electronic Remittance Advice (835).

3. PROCEDURE

A. Download MACSIS generated 5010 835 files

1. Once a week MOM will create remittance advice files. IT staff will be notified via email that the files have been created. The zipped file will be placed in the /county/summit/ra directory
   a. Will be named ERA835.77B.DDDYY.ENCRP.zip
      (1) "ERA835" indicates that these are HIPAA 835 files.
      (2) "77B" is the Summit County board ID
      (3) "DDDYY" is the of the year and the two digit year in which the file was generated (i.e. 12613 = 05/06/2013)
      (4) "ENCRP.zip" indicates that the file is encrypted and compressed.
   b. File is to be downloaded and stored in the \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\RA directory.
      (1) "YYYY" indicates the year (i.e. "2005")
   c. The files included in the zip are to be extracted to the \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\RA\835 directory.

B. File Transfer Protocol (FTP)

1. The following procedure is to be followed for those agencies that have a FTP account on the ADM Board's FTP Server.
   a. Upon receipt of a notice from the Accountants via paper or e-mail of the RA file date, transfer the RA to the agency FTP folder.
   b. Open Windows Explorer.
   c. Expand the agency FTP folders so that the download directory for each agency is visible in the left hand directory tree.
   d. Click on the MACSIS folder and navigate to the RA directory (the tree should be as follows MACSIS\CLAIMS\YYYY\RA\835)
      (1) Right click on an agency 835 file and drag it to the appropriate agency download directory.

C. CD

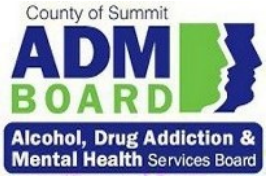
1. The following procedure is to be followed for those OOCTY (out of county) providers that have requested that they receive 835 files on disk.
   a. Follow all of the steps as outlined in the FTP procedure above; however, instead of copying the files to an agency's download directory, the files are to be copied to CD. An individual disk must be created for each provider and then given to finance for distribution with payments.
   b. For OOCTY remits with a zero balance, refer to the Finance procedure regarding zero balance RA's.

4. RELATED PROCEDURES ON FORM TO BE USED – Finance OOCTY Remittance Advice Processing.

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/27/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure



Department: Information Technology

Procedure Number: ITP 11

Procedure Title: MACSIS Caution/Outliers Report Distribution

1. PURPOSE

To describe the procedure by which state generated caution reports are acquired and distributed to providers

2. DEFINITIONS - N/A

3. PROCEDURE

I. Up to four (4) compressed files which contain the caution/outlier reports are placed on the state's *mhhub.odn.state.oh.us* FTP server. The naming convention for the compressed files is as follows:

II. Board Reports

A. 77BDDMMMYY.encypted.outliers.board.nonmcd.zip

1. "77B" is the ID designated for Summit County
2. "DDMMMYY" is the date in which the file was created (i.e. 01MAR09)
3. "encrypted" indicates that the file is password protected
4. "outliers" indicates that these are claims which fall outside if prescribed boundaries, but still have a proc status of "U"
5. "board" indicates that it is the board's report
6. "nonmcd" indicates that the claims are Non-Medicaid
7. "zip" is the standard extension for this type of compressed file.

B. 77BDDMMMYY.encypted.holds.board.nonmcd.zip

1. "77B" is the ID designated for Summit County
2. "DDMMMYY" is the date in which the file was created (i.e. 01MAR09)
3. "encrypted" indicates that the file is password protected
4. "holds" indicates that these are claims which fall outside of prescribed boundaries, and have been placed on hold (proc status of "H")
5. "board" indicates that it is the board's report
6. "nonmcd" indicates that the claims are Non-Medicaid
7. "zip" is the standard extension for this type of compressed file.

III. Provider Reports

A. 77BDDMMMYY.encypted.outliers.board.nonmcd.zip

1. "77B" is the ID designated for Summit County
2. "DDMMMYY" is the date in which the file was created (i.e. 01MAR09)

3. "encrypted" indicates that the file is password protected
4. "outliers" indicates that these are claims which fall outside if prescribed boundaries, but still have a proc status of "U"
5. "provider" indicates that this is a provider report
6. "nonmcd" indicates that the claims are Non-Medicaid
7. "zip" is the standard extension for this type of compressed file.

B. 77BDDMMMYY.encypted.holds.board.nonmcd.zip

1. "77B" is the ID designated for Summit County
2. "DDMMMYY" is the date in which the file was created (i.e. 01MAR09)
3. "encrypted" indicates that the file is password protected
4. "holds" indicates that these are claims which fall outside of prescribed boundaries, and have been placed on hold (proc status of "H")
5. "provider" indicates that this is a provider report
6. "nonmcd" indicates that the claims are Non-Medicaid
7. "zip" is the standard extension for this type of compressed file.

C. All files must be downloaded and placed in the \\ADMSTOR\MACSIS\CLAIMS\YYYY\CAUTION\ENCRYPTED directory (where YYYY represents the current year—i.e. "2005")

D. The files are then to be extracted and placed in the \\ADMSTOR\MACSIS\CLAIMS\YYYY\CAUTION directory

1. Extracted reports for individual providers (their UPI will be included in the name of the extracted files) are to be placed in the provider's FTP download directory. If the provider does not have an FTP account, the report is to be faxed to that provider.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 3/5/2009	Version Date: 3/5/2009	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 12

Procedure Title: MACSIS Claims Files Reports Processing

1. PURPOSE

To establish a procedure by which reports produced for MACSIS processed claims files are stored, processed, and distributed to providers

2. DEFINITIONS - N/A

3. PROCEDURE

A. PRE and POST Claim Reports

1. When MOM processes a batch of files for a Board (generally daily), a zipped file containing reports for that batch is produced. The initial processing and adjudication for a given file will determine which reports are generated for that file; however, all processed files will have at least one report generated. The zipped file will be placed in the /county/summit/hipaa/reports directory.

   a. BATCH ZIP REPORT

      (1) Will be named 77B.YYMMDDHHMM.zip

         (a) "77B" is the Summit County board ID

         (b) "YYMMDD" is the date in which the report was generated (i.e. 130201 = 02/01/2013)

         (c) "HHMM" is the "military" time (i.e. 1559 = 3:59 PM)

      (2) File is to be downloaded and stored in the \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\SUBMISSION\DDD\DDD\DOWNLOAD directory.

         (a) "YYYY" indicates the year (i.e. "2005")

         (b) 'DDD" indicates the day of the year for the Sunday in the week the files are received.

         (c) "DDD" indicates the day in which the file was downloaded.

      (3) The files included (each of the files in the remainder of this procedure) in the zip are to be extracted to the same directory in which it is being stored.

   b. CRITICAL ERRORS REPORTS

      (1) Will be named 77B.W0PPPPP.JJJYY.HIPAA-C

         (a) "77B" is the Summit County board ID

         (b) "W0" indicates that it relates to an 837P 5010 file.

         (c) "PPPPP" is the 5-digit UPI.

         (d) "JJJYY" is the day of the year plus the 2-digit year.

(e) "HIPAA-C" is the designation for the critical error report.

(2) On a weekly basis, all critical error reports will be processed and distributed to providers (see critical errors procedure).

c. CLAIMS DETAIL REPORTS

(1) Will be named 77B.W0PPPPP.JJJYY.HIPAA-D

(a) "77B" is the Summit County board ID

(b) "W0" indicates that it relates to an 837P 5010 file.

(c) "PPPPP" is the 5-digit UPI.

(d) "JJJYY" is the day of the year plus the 2-digit year.

(e) "HIPAA-D" is the designation for the claims detail report.

(2) This report shows a line by line listing of each claim and whether it was accepted or rejected. This file is not distributed and is generally only useful in some troubleshooting scenarios.

d. FILE FAILURE REPORTS

(1) Will be named 77B.W0PPPPP.JJJYY.HIPAA-F

(a) "77B" is the Summit County board ID

(b) "W0" indicates that it relates to an 837P 5010 file.

(c) "PPPPP" is the 5-digit UPI.

(d) "JJJYY" is the day of the year plus the 2-digit year.

(e) "HIPAA-F" is the designation for the file failure report.

(2) This report is generated when a file "fails" structural or basic content tests. No other reports will be generated for a given file if it fails. The reason for failure is included in the report and all such reports are placed in the providers FTP download directory and the provider is notified. All claims in said file must be resubmitted when the provider corrects the issue. It is also noted that a provider cannot resubmit a file with the same name. Doing so will cause the resubmitted file to fail.

e. CLAIMS EDI JOB LOG

(1) Will be named 77B.W0PPPPP.JJJYY.HIPAA-J

(a) "77B" is the Summit County board ID

(b) "W0" indicates that it relates to an 837P 5010 file.

(c) "PPPPP" is the 5-digit UPI.

(d) "JJJYY" is the day of the year plus the 2-digit year.

(e) "HIPAA-J" is the designation for the EDI job log.

(2) This report contains some summary information (such as number of critical errors, total number of non-critical errors,

total claims etc…). Since the information is included in other reports, it is not distributed unless the provider requests it.

f. NON-CRITICAL ERRORS REPORT

(1) Will be named 77B.W0PPPPP.JJJYY.HIPAA-N

(a) "77B" is the Summit County board ID

(b) "W0" indicates that it relates to an 837P 5010 file.

(c) "PPPPP" is the 5-digit UPI.

(d) "JJJYY" is the day of the year plus the 2-digit year.

(e) "HIPAA-N" is the designation for the non-critical report.

(2) This report shows records with non-critical errors. These claims are posted in Diamond.

(3) Over time providers (especially with the elevation of Medicaid) have reported that these reports are not useful. They are only distributed if requested by the provider.

g. POST CLAIMS EDI JOB LOG

(1) Will be named 77B.W0PPPPP.JJJYY.HIPAA-P

(a) "77B" is the Summit County board ID

(b) "W0" indicates that it relates to an 837P 5010 file.

(c) "PPPPP" is the 5-digit UPI.

(d) "JJJYY" is the day of the year plus the 2-digit year.

(e) "HIPAA-P" is the designation for the post EDI job log.

(2) This report contains summary information similar to the EDI log (however critical errors are not included). Since the information is included in other reports, it is not distributed unless the provider requests it.

h. FUNCTIONAL ACKNOWLEDGEMENT

(1) Will be named W0PPPPP.JJJYY.997

(a) "W0" indicates that it relates to an 837P 5010 file.

(b) "PPPPP" is the 5-digit UPI.

(c) "JJJYY" is the day of the year plus the 2-digit year.

(d) "997" indicates that it is the functional acknowledgement.

(2) This is a standard EDI xml acknowledgement file that indicates that the file was accepted through processing. We have other reports that notify providers that their files have been processed. If a provider requests this file, it is distributed.

i. OPLST – All Records

(1) Will be named W0PPPPP.JJJYY.ASC

(a) "W0" indicates that it relates to an 837P 5010 file.

(b) "PPPPP" is the 5-digit UPI.

(c) "JJJYY" is the day of the year plus the 2-digit year.

(d) "ASC" is the common extension for an ASCII text file

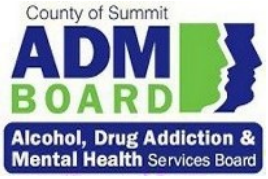
(2) This report includes all accepted claims in the batch with pricing, adjudication, and claims status information. This file is used in the claim's adjudicator's OPLST processing. OPLST files are processed at least weekly (see OPLST procedure).

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure



Department: Information Technology

Procedure Number: ITP 13

Procedure Title: MACSIS Critical Errors Reports Processing

1. PURPOSE

To establish a procedure by which claims' files are stored, "passed along", and processed through MACSIS. This procedure only applies to claims with CY2015 service dates.

2. DEFINITIONS - N/A

3. PROCEDURE

A. Critical Error Processing

1. Claims that contain critical errors are not posted into MACSIS. Any claim that contains a critical error must be resubmitted by the provider.
2. Critical error reports can be generated for each file that a provider submits. The following process is to be run once a week. It combines all reports into a data source and imports it into SQL Server. Data from the critical errors is combined with matched data in the Macsis database in a Crystal Report that is then parsed and distributed to providers.
   a. In order to complete the following procedure, the user must have PowerShell installed on the PC, access to the Macsis database in SQL Server and Crystal Reports (or Cview) installed on the PC as well.
3. Copy Critical Error Files
   a. Will be named 77B.W0PPPPP.JJJYY.HIPAA-D
   b. "77B" is the Summit County board ID
   c. "W0" indicates that it relates to an 837P 5010 file.
   d. "PPPPP" is the 5-digit UPI.
   e. "JJJYY" is the day of the year plus the 2-digit year.
   f. "HIPAA-C" is the designation for the critical error files.
   g. Review the files in \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\CRITICAL (YYYY represents the year i.e. "2013") and note the critical error report with the newest date then delete the critical error reports.
   h. Search the submission directories for all critical error reports that have a newer date than the newest file that was deleted.
   i. Copy these files to the Critical directory (\\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\CRITICAL)

4. Run the Critical Error Parser PowerShell Script
   a. The script will create a file named CriticalError.txt. This file must be copied to the \\ADMSQL\IMPORT directory.
5. Import CriticalError.txt into Macsis SQL Server database
   a. Run the Macsis_CriticalErrorData Integrated Services to import the file into the board's Macsis SQL server database.
6. Run and Distribute Crystal Critical Error Report
   a. This report is parsed by provider and then distributed to the appropriate provider. Since claims containing critical errors will not be posted into Diamond, providers are again reminded that the claims which contained these errors must be resubmitted with the errors corrected for the claims to be posted to Diamond.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 14

Procedure Title: MACSIS Held Claims Processing

1. PURPOSE

To establish a procedure by which MACSIS held claims will be processed.

2. DEFINITIONS - N/A

3. PROCEDURE

A. Non-Medicaid In County Claims

1. On a monthly basis, the claims adjudicator is to run the "Board Summit Non-Medicaid Held Claims Report" Crystal report to identify any Summit County provider Non-Medicaid claims that may have been placed on hold during the MACSIS adjudication process.
   a. Generally, the reason for these claims being on hold will be identified in the "hold" reason code fields on the report. In most cases, the claim will simply need to be taken off hold and allowed to process.
   b. If the reason and nature is not known, MACSIS support staff should be contacted to assist in identifying and rectifying the issue.

B. Out of County Held Claims

1. On a biweekly basis, Finance staff will run the "Board OOCTY Non-Mcd Held Claims Report" Crystal report to review services provided by out of county providers that have been placed on hold during the MACSIS adjudication process.
   a. Those claims that meet the state's criteria for either AoD or MH emergency/crisis situations (as set forth in the *Guidelines Pertaining to the Implementation of MACSIS under HIPAA*), will be taken off hold and released for payment. Those claims that do not meet the emergency/crisis situations criteria are to be taken off hold and denied.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 8/1/2013	Version Date: 8/1/2013	Last Review Date: 6/27/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 15

Procedure Title: MACSIS Pricing Processing

1. PURPOSE

On a weekly basis, the state department's MACSIS Operations Management (MOM) staff creates an extract of pricing data (rates for all services by provider). The following procedure describes the process of attaining, storing, and importing the dataset.

2. DEFINITIONS - N/A

3. PROCEDURE

A. This extract is a compressed naming convention:

1. hipaa_pricing_yymmdd.zip
   a. "hipaa_pricing" is a constant
   b. "yymmdd" is the date in which the file was created (i.e. for May 1, 2014 it would be 140501)
   c. "zip" is the standard extension for this type of compressed file.

B. This file is created weekly, but only needs to be downloaded when the finance department requests that it be updated.

C. When downloaded, it is to be stored in the \\ADMFILE\UserData\MACSIS\CLAIMS\YYYY\PRICING directory (where YYYY represents the current year—i.e. "2014")

D. When the pricing data is to be updated the two files contained in the "zip" file are first extracted to the \\ADMFILE\IMPORT\PRICING_EXCEL directory.

E. Each file is then opened in Excel and saved as separate CSV (comma delimited) files in the \\ADMFILE\IMPORT\PRICING directory.

F. At this point, any other CSV files in the directory need to be deleted, and the "pricingcombo.bat" file is to be run to combine the two CSV files.

G. At this point, the Macsis_Pricing Integrated Services package can be run to import the file into the board's Macsis SQL server database.

4. RELATED PROCEDURES ON FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2005	Last Review Date: 6/8/2016	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITP 16

Procedure Title: GOSH

1. PURPOSE

The County of Summit ADM Board is responsible for enrolling and maintaining clients who are residents of Summit County and are receiving behavioral health related services that are funded in part or in whole by funds administered by the County of Summit ADM Board. Beginning with claims having service dates on or after 1/1/2016, GOSH is the system used to collect and process ADM Board enrollment and claims data.

2. DEFINITIONS

GOSH – "Great Office Solution Helper" is the system that the Board uses to collect and process enrollment and claims data.

The Health Insurance Portability and Accountability Act (HIPAA) - requires that health insurance payers in the United States, comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

The Health Insurance Portability and Accountability Act 837 5010- 837 is the standard format for transmitting health care claims electronically. 5010 is the current electronic claim version

3. PROCEDURE

A. Enrollment/Eligibility

1. Contract providers are responsible for enrolling all individuals who receive services provided under its Board contract into the GOSH system. This is accomplished through data entry directly into the application. The Board in turn verifies the data entered and assigns payer eligibility spans via inquiries into the state's Medicaid eligibility data sources.
2. Detailed procedures related to GOSH enrollment and eligibility processes can be found in the Board's GOSH manual.

B. Claims

1. Contract providers are required to upload HIPAA compliant 837 5010 claims files through the GOSH File portal. Remits and other related payment reports are available to providers through the GOSH system.
2. Detailed procedures related to GOSH claim processes can be found in the Board's GOSH manual.

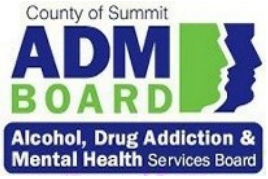
4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 7/1/2016	Version Date: 7/1/2016	Last Review Date: 2T	Retired Date: 2T	Next Review Date: 12/7/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Information Technology Security

Standard Operating Procedure



Department: Information Technology

Procedure Number: ITSP 01

Procedure Title: Access Authorization, Establishment, and Modification

1. PURPOSE

To guide the authorization for access and the modification of access to ADM Board electronic stored information, workstations, transactions, programs and processes.

2. DEFINITIONS – N/A

3. PROCEDURE

A. General Access Guidance

1. Access to ADM Board computer systems, programs, and files shall be authorized according to the work-related needs of each employee as determined by position description and specific assignments.
2. All ADM Board computer resources, including equipment, facilities, data, software, components and documentation are assets acquired to better accomplish the ADM Board's mission and are to be used only by authorized users for official ADM Board business.
3. All users must agree to terms and conditions as listed in the banner that appears each time a user logs into an ADM Board computer system.
4. Unauthorized use of, or access to, ADM Board information and computer resources is prohibited.
5. Employees shall only be authorized to have access to the minimum amount of electronic protected health information (ePHI), or the locations where it resides, which is necessary for the individual to competently perform the duties of their position.

B. Documenting Access

1. Access is managed and documented through use of Microsoft's Active directory.

C. Modifying Access

1. The Manager of Administration and/or the employee's managing supervisor shall notify the IT Manager of the need to modify access to system resources upon the following personnel events:
    a. New Hire
    b. Reassignment or promotion
    c. Resignation
    d. Suspension
    e. Termination

f. Disciplinary action involving curtailment of access to computer resources

g. Conclusion of a temporary employment engagement

h. Conclusion of a consultative engagement

i. Conclusion of a volunteer assignment involving access to computer resources

2. Termination of ADM Board system access shall be affected immediately upon notification.

3. When personnel changes result in staff no longer requiring/being authorized for access to MACSIS, the MACSIS Help Desk shall be notified by IT Staff of resignations, suspensions and terminations immediately upon the end of access.

   a. At a minimum, review of access to MACSIS will occur on an annual basis.

4. RELATED PROCEDURES OR FORM TO BE USED

N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 02

Procedure Title: Access Control

1. PURPOSE

To guard information systems from unauthorized access and ensure appropriate levels of access based upon each employee's position description and essential functions.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Unique User Identification

a. Each information system user shall be identified by a single name (User ID) assigned to them. Attached to each login will be a password that adheres to the ADM Board's password management procedure.

B. Emergency Access

1. Administrative logins and passwords shall be stored, protected and made available to the Executive Director and Manager of Administration (if the IT Manager and IT Specialist are not available) in the event of an emergency.

   a. Onsite storage is in the ADM Board's fireproof safe.

   b. Offsite in the ADM Board's safety deposit box.

C. Automatic Logoff

1. All user sessions will automatically be "locked-out" (requiring the entry of a password to reconnect) after a maximum of 10 minutes of inactivity.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 03

Procedure Title: Assigning Computer Resources to Employees, Temporary Employees and Students

1. PURPOSE

To describe the process by which the IT Department assigns system resources to employees.

2. DEFINITIONS – N/A

3. PROCEDURE

A. New Employee and Temporary Employee

1. When an employee is hired, or a student is placed, the Manager of Administration will provide the Manager of Information Technology with the following information:
   a. Full name
   b. Position
   c. Direct Supervisor
   d. Start Date
2. All new employees will be assigned the following:
   a. Windows User Name
   b. Email Address
   c. Personal Network Directory
3. Unless otherwise notified, the Manager of Information Technology will assume that the new employee will "inherit" the computer and access to the same locations in the network that were utilized by the person who previously held that same position.
4. If the position is new, then the Manager of Administration, the Manager of Information Technology, and the employee's managing supervisor will decide what computer assets will need to be acquired prior to the individual beginning employment.
   a. If the position is new, access to shares and databases will be based upon what is minimally needed for the employee to effectively perform his/her job duties.
5. All new employees will be briefed on ADM Board computer related usage and security policy by the IT Department.

B. Current Employees

1. If a current employee's duties change (either through job description or promotion), the employee's managing supervisor will discuss with the IT Manager what additional access the employee will require.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	6/13/2016	Click here to enter a date.	12/12/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 04

Procedure Title: Password Management

1. PURPOSE

To ensure unique and reliable identification of individual information system users and to minimize the likelihood of improper access or use by establishing a standard for creation of passwords, the protection of those passwords, and the frequency of change.

2. DEFINITIONS – N/A

3. PROCEDURE

A. All users of the ADM Board's information systems are required to present their system user name along with a private, self-constructed password in order to access workstations.

B. Users shall keep their individual passwords safe from discovery and must not divulge them to anyone.

C. Users must only employ passwords that meet the following specifications:

D. Length: eight (8) or more characters

E. Passwords should not be based on any easily guessed characteristic of the user (for example a user's first or last name or a user's birthday).

F. Passwords must be changed at least every 45 days.

G. If a user records a password, it must be recorded in a location that is unlikely to be discovered by an intruder. Examples of unacceptable storage locations are: under user's mouse pad, keyboard or speakers; radio, etc.

H. Passwords must not be inserted into email messages or other forms of electronic communication.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: Click here to enter a date.	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 05

Procedure Title: Information Systems Activity Review

1. PURPOSE

The ADM Board uses many mechanisms to help secure the data contained in its information systems. The following are systems which log access attempts and other pertinent network activity. Reviewing these systems' activity is an integral part in providing security to the ADM Board's data.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The following systems have been identified as logging access attempts and other pertinent activity. Their reports and logs will be reviewed.

1. Firewall: This is the "front-door" between our network and the Internet. It provides us with tools to control the flow of traffic between the two.
    a. The firewall has its own logging facility which writes traffic to a proprietary database file on one of our network servers.
        (1) This data is voluminous, but minimally, access attempts are contained identifying the source (generally IP address), date and time, and whether or not it was denied or accepted.
        (2) The log is to be reviewed periodically, and whenever anomalous network activity is suspected.
    b. Another way our firewall's data is captured is through a syslog facility (backup to native logging utility) which writes traffic to a text file on one of our computers.
        (1) This data is voluminous, but minimally, access attempts are contained identifying the source (generally IP address), date and time, and whether or not it was denied or accepted.
        (2) The log is to be reviewed periodically, and whenever any anomalous network activity is suspected.
2. Window's Domain Controller: To access ADM Board system resources, a user must be authenticated through our Domain Controller. Through authentication, a user is assigned rights (either individual or group) that will allow that user to access resources throughout the network (including network shares, directories, SQL Server data, etc…).
    a. The following information will be minimally logged and retained for each user login attempt:
        (1) User name, date and time, whether or not the attempt was a success or failure.

(2) This log will be reviewed periodically or when anomalous network activity is suspected.

3. Secured FTP Server: Both ADM Board employees and our partners use this server to exchange various data files. This server resides outside of our firewall and has its own security facility.

   a. The following information will be minimally logged and retained for each user login attempt:

      (1) User name, date and time, whether or not the attempt was a success or failure.

      (2) This log will be reviewed periodically and when anomalous network activity is suspected.

4. Phone System: Our IP based phone system resides on a router and its data is captured on the phone system server.

   a. This data is voluminous and not only contains data relating to each call that is made, but also any other traffic that passes through the router.

      (1) The data will be reviewed on an "as needed basis" until other uses for this data have been defined.

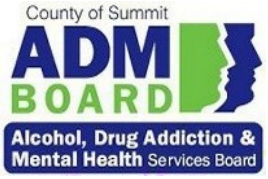
B. Logs will be retained according to our retention schedule for computer/network logs.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: 2T	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure



Department: Information Technology

Procedure Number: ITSP 06

Procedure Title: Security Incident Response and Reporting

1. PURPOSE

To describe the process by which the ADM Board defines, addresses, and when necessary reports security incidents.

2. DEFINITIONS - N/A

3. PROCEDURE

A. Users who believe that a security event has occurred that may compromise the security of information maintained on the ADM Board's information systems must report it to the IT Manager or his/her designee immediately. Common reportable information Security Events include:

1. Malicious computer code
2. Unauthorized access or disclosure
3. Misuse of information assets
4. Misuse of passwords
5. Intentional falsification of information, computer intrusion
6. Loss
7. Theft

B. The user should provide as much detail as possible as to the facts of the event (who, when, what, and where).

C. Those investigating the incident may require additional details. Depending on the nature of the incident, a written report may be required of the user.

D. Upon Notification of a possible incident, the Manager of Information Technology or his/her designee will formulate a plan of action based on the incident type. Incidents generally will fall into one of three categories:

1. Malicious Code (Malware – Trojan Horse, Virus, Spyware)
2. Unauthorized Access (system intrusion via network, or physical access to workstation and or computer room)
3. Physical Loss (Theft, accidental loss of asset)

E. The plan of action will serve as documentation of the incident and as such shall provide as much detail as possible regarding the incident (date and time, nature of incident, systems that were affected, means of infection, as well as action taken by the IT Department to mitigate damage and repair the asset so that it can be brought back "on-line").

1. Malicious Code
   a. IT Staff will determine if system is to be shut down or simply taken "off-line".

b. Perform a thorough review of all pertinent system logs to document where incident originated from as well as indicating scope of systems affected.

c. Take screen captures and/or snapshots of pertinent files within the first half-hour of any incident investigation (backing up files may also be required)

d. Secure and protect the affected system(s) and all related media as directed by the designated

e. Identify risks to systems or data, including any significant operational impact caused by the computer Security Incident

f. Reduce/eliminate risk by cleaning up the system or if advisable, restoring the system from a clean backup image.

g. Maintain documentation

h. Notify Manager of Information Technology of the problem resolution.

i. Prepare lessons learned as to how future impact of incident can be minimized.

2. Unauthorized Access

a. Identify source of intrusion by either written report by reporting staff member or by thorough review of system logs.

b. If unauthorized access involves ADM Board employee or another readily identifiable individual then the Manager of Administration will be contacted for possible sanctions.

c. All affected systems' passwords shall be changed.

d. If unauthorized access involves a network system data breach then a log review shall be conducted to document where incident originated from as well as indicating scope of systems affected.

e. Server systems and network related equipment shall be inspected for presence of rogue software and malware. (If malware is found – refer to item "A" above).

3. Physical Loss

a. Employee who discovers loss shall notify their supervisor and the Manager of Information Technology or his/her designee.

b. Manager of Information Technology will notify Manager of Administration as to loss and Manager of Administration will contact law enforcement authorities or the ADM Board's insurance carrier where appropriate.

c. Appropriate report will be filed with authorities

d. If asset was a laptop computer with tracking software enabled, the tracking software vendor will be notified as to the loss.

e. Review of asset that was lost will be conducted with the reporting staff member and IT manager to determine the extent of data contained on the asset.

f. ePHI shall not be contained on any portable asset in an unencrypted format.

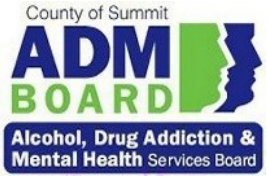
g. Upon recovery of the asset – the IT Department will conduct a forensic investigation to determine what files have been accessed on the device.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: 2T	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	 _____ Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure



Department: Information Technology

Procedure Number: ITSP 07

Procedure Title: Guarding Against, Detecting, and Reporting Malicious Software

1. PURPOSE

Malicious software can be the source of system security breaches and can also compromise the integrity and validity of the data stored in such systems. The ADM Board will do the following to guard against, detect, and report on the intrusion of malicious software.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The IT Department must conduct trainings with employees regarding identifying and protecting against malicious code and software. Such trainings must occur at least once a year.

B. The IT Department is responsible for staying current of new system vulnerabilities as they are made public. Web resources from Microsoft, SANS and CERT are examples of where current information identifying system vulnerabilities can be found.

C. Email systems must use an advanced spam control module that is capable of identifying malicious email and email attachment. The spam control module must be capable of obtaining automatic updates from a spam signature database

D. The ADM Board shall use a hardware based firewall at the border of the network as well as software based firewalls on client PC's (where available). All hardware firewalls shall have logging enabled.

E. Gateway antivirus and preferably an Intrusion Detection/Protection System must be employed either on or in conjunction with the network Firewall. This device must be capable of receiving automatic signature updates from the vendor.

F. A major, well-known anti-virus detection system must be implemented on all workstations and servers including a process to ensure that the virus detection software is maintained and up-to-date. (Examples are Symantec, McAfee, TrendMicro, ESET, etc). Antivirus technology that updates automatically, without user intervention, will be implemented, as well as systems for notifying IT administrators in the event of virus outbreaks or configuration changes to the software.

G. Anti-malware (or spyware) software shall be used to assist in mitigating any damage caused by the installation or rogue software (malware).

H. The IT Department shall periodically test the Antivirus and Anti-malware system to ensure proper functioning.

I. Users are prohibited from downloading and installing any software on their workstation. (This includes software from Microsoft, screen savers, etc).

J. The IT department shall place safeguards on the network through a framework such as Active Directory to help prevent users from changing configurations to their workstations.

K. Each user shall notify the IT Department, in the event that they believe rogue software has been installed on their workstation. Such correspondence must describe what software has been installed, how the software was installed (by email or by visiting a specific website) and when the software was installed. A search will then be performed to determine if the software was installed elsewhere.

L. Each employee must notify the IT Department, in the event that a virus, worm, or other malicious code has comprised or potentially compromised ePHI. Such correspondence shall describe under what conditions the virus was activated.

M. In the event that a virus, worm, or other malicious code has infected or been identified on a server or workstation, that system must be disconnected from the network until the system has been appropriately cleaned.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	6/13/2016	2T	12/12/2017
Staff responsible	Manager of Information Technology			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 08

Procedure Title: Data Backup Plan

1. PURPOSE

To establish and implement procedures to create and maintain retrievable copies of ADM Board Server data.

2. DEFINITIONS – N/A

3. PROCEDURE

A. The Information Technology Specialist will perform the functions of the backup operator. The backup operator will perform backups of key system data.

B. All users shall store all mission critical data (including all instances of ePHI) on the ADM Board's servers (not on desktop PC hard drives or removable media). This will ensure that user data is backed up and available if the user's workstation hard drives should fail.

C. The ADM Board utilizes the following as part of a complete backup solution.

1. All ADM Board Server data is backed-up to the Board's Disk Backup System (BDR)
   a. Each day, data is backed up hourly between the approximate hours of 8:00AM to 6:00PM.
   b. Hourly backups are collapsed each day into a daily backup.
      (1) Daily backups are transmitted via an encrypted channel over the Internet to an offsite data facility.
   c. Daily backups are collapsed each week into a weekly backup.
   d. Weekly backups are collapsed each month into a monthly backup.
   e. Monthly backups are collapsed each year into a yearly backup.
   f. Each backup job is verified by the system for integrity. Furthermore, the backup operator is notified (via email, text, or phone call) if there is an issue with data integrity.
   g. Yearly backups will be retained for a period of two years.
   h. Activity is logged by the Board's Disk Backup System.

D. Periodically (minimally on an annual basis), restore operations will be tested to ensure that backup processes are working correctly.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	6/13/2016	2T	12/12/2017
Staff responsible	Information Technology Specialist, Manager of Information Technology			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 09

Procedure Title: Data Destruction

1. PURPOSE

To describe the process by which the IT Department ensures that storage devices and computer media (especially those that contain Electronic Protected Health Information (ePHI)) are disposed of in a proper manner after its useful life is complete or system/media failure.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Computer Equipment:

1. When computer equipment (personal computers, servers, etc.) is to be retired, or is non-functioning, hard drives are to be removed from the device prior to disposal.
   a. Equipment containing hard drives is to be stored in the ADM Board's server room while awaiting storage device removal.
   b. When removed, storage devices will be stored in the locked closet in the ADM Board's server room.

2. Removable Media:
   a. All removable media (data tapes, flash drives, external hard drives, and other like media) that is to be destroyed will be given to the IT Department and stored in the locked closet in the ADM Board's server room.

B. Destruction:

1. When the ADM Board schedules a paper record purge, a company that can guarantee a secure chain of custody (if destruction cannot be performed at the ADM Board's location), irretrievability of data, and a certificate of destruction will be engaged to destroy the devices and/or media.

4. RELATED PROCEDURES OR FORM TO BE USED –

RECORD RETENTION SCHEDULE (RC-2)

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	7/1/2005	6/13/2016	2T	12/12/2017
Staff responsible	Manager of Information Technology			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 10

Procedure Title: File Transfer Protocol (FTP)

1. PURPOSE

To describe the process by which business partners may utilize the ADM Board's Secured FTP server to exchange files with the ADM Board.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Accounts with new business partners:
   1. Any business partner that exchanges files with the ADM Board may request a FTP account:
      a. The Manager of Information Technology must approve the establishment of a FTP account with a new business partner.

B. Establishing an account:
   1. Once the approval to establish an account with a business partner has been made (or to establish a new account(s) with an established business partner), the assigned Information Technology Specialist will do the following:
      a. Collect and log the name associated with each person who is to receive an account.
      b. When an account is established, the account will only be provided with permissions to the directory(s) that are to be utilized by that person.
      c. The login and the password for the account will also be logged by Information Technology Specialist.
      d. The login and password for the account will then be securely distributed to the user (the login can be sent via email, but the password will be provided directly (most likely over the phone)).

C. Elimination/Suspension of accounts
   1. Before an account is established with a business partner, the partner will be made aware that it is their organization's responsibility to notify the ADM Board whenever an employee is no longer going to be utilizing his/her FTP account (whether that be through separation or changing duties). So that the account can be disabled and/or removed in such an event.
   2. Any activity that appears to not be related to the exchange of business related files between the ADM Board and a business partner, can result in an individual's or an entire organization's FTP privileges being suspended. After periodic review, accounts may be suspended for inactivity. The decision to suspend will be at the sole discretion of the Manager of Information Technology. In the event that a suspension occurs, the business partner will be notified and the actions needed to re-establish FTP use will be discussed.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
2/15/2009	2/15/2009	6/13/2016	2T	12/12/2017
Staff responsible	Information Technology Specialist, Manager of Information Technology			
Approval	 _____ Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 11

Procedure Title: Device and Media Controls

1. PURPOSE

To guide the receipt and removal of hardware and electronic media that hold electronic protected health information (ePHI). This procedure pertains to the use of hard drives, storage systems, removable disks, floppy drives, CD ROMs, PCMCIA cards, memory sticks, USB storage devices, and all other forms of removable media and storage devices.

2. DEFINITIONS – N/A

3. PROCEDURE

1. Accountability

1. All computers shall be inventoried with notations as to location and assigned user(s).
2. In general, ePHI should be stored on the ADM Board's network servers and not on desktop computers.
3. Removable storage devices and/or portable computers that because of user job duties routinely contain ePHI will be encrypted in accordance with the ePHI data encryption procedure.
4. Legacy archive media (such as data tapes) may have not been encrypted. Therefore a secured chain of custody must be maintained during any transport.

2. Device Re-Use

1. Prior to reassigning computers and or external hard drives within the ADM Board, the IT Department will review all stored data and delete or transfer identified ePHI to a secured location.
2. Removable media (such as USB drives, Floppy Disks, CD-ROMs, etc….) are considered disposable and will not be "formatted" for reuse once obsolete or no longer needed by the user.

3. Disposal

1. Non-functioning or obsolete data storage devices and media will be disposed of in accordance with the ADM Board's data destruction procedure.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: 2T	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	 _____ Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 12

Procedure Title: ePHI Data Encryption

1. PURPOSE

To describe the procedure for using encryption with electronic protected health information (ePHI)

2. DEFINITIONS – N/A

3. PROCEDURE

A. Generally ePHI should not be exchanged via email. In the event that an employee's essential duties requires ePHI exchange through email, the encryption services that the ADM Board provides must be utilized.

1. In the event job duties change, the employee's supervising manager must contact the Manager of IT to establish access to the service.
2. If the ADM Board's SecureFTP server can be used in lieu of email, then the ADM Board's IT Department will ensure that the information is conveyed using the SecureFTP server.

B. Any user who needs to use ePHI data with any other media such as a USB memory stick must first consult with the IT Department. The IT Department will provide the necessary means to transport the media with the appropriate well-known encryption standard.

1. The IT Department has a USB key that contains built-in encryption; any user who wishes to use the device with ePHI should obtain the USB key from the IT Department.

C. Any user, who needs to use a mobile computing device in conjunction with ePHI, must get the approval of the IT Department prior to first use.

D. The IT Department will implement an appropriate method to encrypt the data.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: 2T	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 13

Procedure Title: External Unauthorized Access to Electronic Protected Health Information (ePHI)

1. PURPOSE

To implement technical security measures to guard against unauthorized access to electronic protected health information (ePHI) that is being transmitted over an electronic communications network.

2. DEFINITIONS – N/A

3. PROCEDURE

A. Inner-Network Communications (Local Area Network (LAN) Traffic)

1. Mechanisms must be put in place to minimize the possibility of traffic being intercepted in transit such as segmenting the network with switches to help ensure that ePHI is primarily routed through proper networks instead of being broadcast throughout the entire LAN.

B. Agency Personnel Remote Access

1. Authorized agency personnel may only access the designated file drop off/report pick up file transfer server through a securely encrypted web interface.

C. Transmission of ePHI Between Business Associates

1. All ePHI transmissions between the Board and its Business Associates will be made through securely encrypted and authenticated connections. These connections must be approved by the IT Manager prior to being established.

D. Transmission of ePHI through E-mail or Messaging Systems

1. Any transmission of ePHI through unencrypted or insecure messaging systems (Email, Instant Messaging, ICR, ICQ, etc) is prohibited.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: 2T	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 14

Procedure Title: Security Reminders

1. PURPOSE

To insure employees effectively participate in security program by periodically reminding them of best practices and individual responsibilities.

2. DEFINITIONS - N/A

3. PROCEDURE

A. Through IT Department distribution of periodic notices and reminders employees will be made aware of:

1. Changes to the ADM Board's security policies and procedures.
2. New threats, breaches, or vulnerabilities that have been discovered or reported that may compromise our computer infrastructure.
3. Best security practices for employees.

B. These reminders will be rolled-out as appropriate with the interval between them not exceeding one year.

C.RELATED PROCEDURES OR FORM TO BE USED – N/A

D .PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: 2T	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	 The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 15

Procedure Title: Virtual Private Network (VPN)

1. PURPOSE

In those instances when necessary, to allow for employees or business partners to securely access network resources from offsite.

2. DEFINITIONS:

Virtual Private Network (VPN): A virtual private network (VPN) is a technology that creates an encrypted connection over a less secure network. The benefit of using a VPN is that it ensures the appropriate level of security to the connected systems when the underlying network infrastructure alone cannot provide it.

3. PROCEDURE

A. Employee Access

1. In order to perform essential duties and responsibilities, when approved employees may have VPN access with the permission of the supervising manager and the Manager of Information Technology.
2. All other requests for VPN access must be made to the Manager of Information Technology and be approved by the Executive Director.

B. Business Partner Access

1. In some instances (especially in terms of software or hardware support), it may be necessary to allow VPN access for a business partner.
2. In these instances, the access must be approved by the Manager of Information Technology.
3. The established access will be revoked as soon as the identified task is complete.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 2/15/2009	Version Date: 2/15/2009	Last Review Date: 6/13/2016	Retired Date: 2T	Next Review Date: 12/12/2017
Staff responsible	Manager of Information Technology			
Approval	_____ The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Information Technology

Procedure Number: ITSP 16

Procedure Title: Back up and Data Recovery (BDR) File Restore

1. PURPOSE

To describe the procedure for restoring a file from one of our protected servers

2. DEFINITIONS – N/A

3. PROCEDURE

A. From the BDR desktop or a remote session:

1. Logon to the BDR device.
2. On the desktop, choose the "Backups" folder shortcut.
3. Choose the incremental image to mount, right-click (M) Mount
4. Follow Mount Wizard, use default values, except check ✓ "allow writes".
5. Enter encryption key.
6. Explore mounted drive, find file to be restored.
   a. If prompted that you "don't have permission", choose continue
   b. Right click folder, properties, security, continue. Add admboard (DCC-ASSISTANT\ADMBOARD).
   c. Windows security prompt, clock [OK]
7. Copy file to clipboard, then paste to BDR desktop. (Note- if you receive a permission problem here, go back to the file, right click and choose security, edit. (DCC-ASSISTANT\ADMBOARD) take Full Control.
8. Open Network, navigate to LAN server, say ADMFILE, Paste file to destination.
9. Dismount Drive
10. Logoff BDR.

4. RELATED PROCEDURES OR FORM TO BE USED – N/A

5. PROCEDURE HISTORY:

Effective Date: 1/30/2014	Version Date: 1/30/2014	Last Review Date: 6/13/2016	Retired Date: 2T	Next Review Date: 12/12/2017
Staff responsible	Nicholas J. Veauthier, Manager of Information Technology			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Client Rights

Standard Operating Procedure

Department: Client Rights

Procedure Number: CR01

Procedure Title: Investigating Complaints Alleging Abuse and Neglect

1. PURPOSE

To ensure that any complaint alleging abuse or neglect of any person receiving services from Ohio Mental Health and Addictions Serviced certified agencies are addressed and/or reported to a proper authority.

2. DEFINITIONS

ABUSE

Abuse is defined as any act or absence of action inconsistent with human rights which result or could result in physical injury to a person receiving services, except if the act is done in self-defence or occurs by accident. Any act which constitutes sexual activity, as defined under Chapter 2907 of the Revised Code, where such activity would constitute an offense against a person receiving services under that chapter: Insulting or coarse language toward a person receiving services; depriving a person receiving services of real or personal property by fraud or illegal means.

NEGLECT

"Neglect" means, when there is a duty to do so, failing to provide an individual with treatment, care, goods, or services that are necessary to maintain the health and safety of the individual.

3. PROCEDURE

REPORTING ABUSE/NEGLECT

A. ADM Board/Agency Employee (Employee) immediately reports incidence (s) or suspected incidences of abuse/neglect to the Client Rights Coordinator of the ADM Board.

B. For Agency employees, this can be accomplished by contacting the agency Client Rights Officer first.

C. A Major Unusual Incident Report shall accompany a formal abuse/neglect allegation. The MUI shall be submitted to the ADM Board- Attention Chief Clinical Officer.

D. A community mental health agency that receives a complaint alleging abuse or neglect of an individual with mental illness or severe mental disability who resides in a residential facility, as defined in division (A)(9)(b) of section 5119.22 of the Revised Code, shall report the complaint to the board of alcohol, drug addiction, and mental health services serving the alcohol, drug addiction, and mental health service district in which the residential facility is located.

E. A board of alcohol, drug addiction, and mental health services that receives such a complaint or a report from a community mental health agency of such a complaint shall report the complaint to the director of mental health and addiction services for the purpose of the director conducting an investigation under ORC 5119.22.

F. Employees becoming aware of the abuse to a child, MUST report this to Summit County Children Services.

G. Employees becoming aware of abuse/neglect in an adult care facility licensed by the Ohio Department Mental Health and Addiction Services (OMHAS) shall report the complaint to OMHAS or the Area Agency on Aging Long-term care Ombudsman.

H. Employees becoming aware of suspected abuse/neglect of any adult 60 years of age or older, residing in an independent living arrangement, to the Adult Protective Services Division of Summit County Jobs and Family Services.

I. Employees becoming aware of suspected abuse/neglect of Developmental Disabilities adults to a law enforcement agency or to the Summit County Board Developmental Disabilities.

4. RELATED PROCEDURES OR FORM TO BE USED

Confidentiality Statement

5. PROCEDURE HISTORY:

Effective Date: 9/6/2013	Version Date: 9/6/2013	Last Review Date: 7/18/2016	Retired Date: 2T	Next Review Date: 6/15/2018
Staff responsible	Mental Health Treatment and Client Rights Coordinator			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Client Rights

Procedure Number: CR4

Procedure Title: Communication With Persons Who Are Visually Impaired

1. PURPOSE

To establish a mechanism to ensure that persons who utilize ADM Board services are not limited due to visual impairments.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. Any person with a visual impairment may alert the Client Rights Coordinator that an accommodation (e.g. set of large-print or taped material) is needed.

B. The Client Rights Coordinator will arrange for the appropriate accommodation.

C. If the person with the impairment requests information on audiocassette, the –Client Rights Coordinator will make that request through local resources.

4. RELATED PROCEDURES OR FORM TO BE USED

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2015	Last Review Date: 6/15/2016	Retired Date: 2T	Next Review Date: 6/15/2018
Staff responsible	Mental Health Treatment and Client Rights Coordinator			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Client Rights

Procedure Number: CR5

Procedure Title: Civil Rights of Clients

1. PURPOSE

To ensure that the civil rights of clients are reasonably protected as granted by Section 504 of the Rehabilitation Act of 1973.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. No person or persons shall, on the grounds of race, color, national origin, disability or contagious diseases, age, sex, or religion, or inability to pay, be excluded from participation in, be denied the benefits of, or be otherwise subjected to, discrimination under any program, service, or benefit advocated, authorized, funded, or otherwise provided by the ADM Board.

B. Furthermore, neither a person's sex, nor the fact of a woman's pregnancy, shall be grounds for exclusion from participation in, denial of benefits of, nor discrimination under, any program or service activity, funded in whole or in part with funds made available through any funding of the ADM Board.

C. All service providers funded by the ADM Board Health and Recovery Services shall operate in accordance with the non-discriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990; the Age Discrimination Act of 1975; where applicable, the Omnibus Budget Reconciliation Act of 1981; and the Fair Housing Amendments of 1988.

D. Furthermore, all ADM Board-funded service providers will be required to meet their obligations pertinent to Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; and where applicable, the Omnibus Budget Reconciliation Act of 1981; and the Fair Housing Amendments of 1988.

E. Clients will be made aware of their rights through a posting of the rights (ATTACHMENT A) at the ADM Board and through the designated Client Rights Officer of each contract service provider.

F. If a client feels that he or she has been discriminated against, he or she should first contact the service provider's Clients Rights Coordinator to seek a resolution.

G. If the compliant is not resolved to the client's satisfaction, the individual may file a complaint in accordance with the Client Grievance procedure.

4. RELATED PROCEDURES OR FORM TO BE USED

Client Rights Posting Client Grievance Procedure

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2015	Last Review Date: 6/15/2016	Retired Date: Click here to enter a date.	Next Review Date: 6/15/2018
Staff responsible	Clients Rights Coordinator; Executive Director			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Client Rights

Procedure Number: CR09

Procedure Title: Investigating Complaints and Grievances

1. PURPOSE

To provide a process to allow any client who believes that an act has occurred that is a violation of his or her rights to have an impartial ADM Board review of the incident and assistance in negotiating a resolution.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. An individual with a complaint can contact the Clients Rights Coordinator for assistance. The individual can file the complaint by phone, in writing, or in person.

B. If a complaint is of a more serious, or more complicated, issue, it should be written, and shall become an official grievance.

C. The Clients Rights Coordinator will record the information received about each complaint/grievance, and will discuss with the client their desired outcome.

D. The Clients Rights Coordinator will explain the investigation process to the client, including anticipated timelines for a response.

E. The Clients Rights Coordinator will gather release forms, if it is necessary to speak with anyone outside of the ADM system.

F. During the twenty (20) working days allowed for the investigation of a grievance/ complaint, the Clients Rights Coordinator will do what is necessary to bring the complaint/grievance to a conclusion, including but not limited to, talking with staff, talking with witnesses, and reading records.

G. When the Clients Rights Coordinator is involved in working with an agency about a particular complaint, either the Client Rights Officer of that agency or the Executive Director shall be notified that an investigation is in progress.

H. At the conclusion of the investigation, the person who has filed the complaint/grievance will be notified of the result(s) of the investigation.

I. A grievance requires that the response be in writing, but if the situation involves a more simple complaint, a phoned response may be appropriate.

J. Should the individual be unhappy with the response, they will be provided a list of other resources to which they can appeal.

K. Records of each complaint, and notes about the investigation, should be kept in a locked file for at least seven (7) years.

L. When the Clients Rights Coordinator is expected to be unavailable for more than two (2) consecutive working days, the Care Management and Compliance Coordinator shall act on behalf of the Clients Rights Coordinator.

M. Complaints/grievances against the Clients Rights Coordinator shall be filed with the Executive Director of the ADM Board.

4. RELATED PROCEDURES OR FORM TO BE USED

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2015	Last Review Date: 6/15/2016	Retired Date: 3T	Next Review Date: 6/15/2018
Staff responsible	Mental Health Treatment and Client Rights Coordinator			
Approval	 _____ Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Department: Client Rights

Procedure Number: CR10

Procedure Title: Investigating Complaints and Grievances

1. PURPOSE

To assure that information concerning client rights activities of the County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board system are recorded and available for the purpose of looking for patterns in changes that need to occur throughout the system. Cooperation in client rights activities are part of the ADM Board's contract with each agency.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. Each agency's Client Rights Officer (CRO) is responsible for his or her own record-keeping and following their agency's record retention policy. The ADM Board's Client Rights Coordinator will keep records of any complaints/grievances for at least seven (7) years.

B. The ADM Client Rights Coordinator may access the records of the agency CRO as needed for investigations.

C. On each agency's Complaint Form, there must be a space that gives the filer the option of having a copy of the complaint sent to the ADM Board's Client Rights Coordinator. ADM Client Rights Coordinator may work in cooperation with the agency CRO.

D. If the agency CRO is unable to complete the investigation in twenty (20) working days, the ADM Client Rights Coordinator will continue the investigation for another twenty (20) days. Any person who wishes to file a complaint may bypass the agency's CRO and send their complaint directly to the ADM Client Rights Coordinator.

E. Each agency is required to submit a summary of the previous year's client rights activity to the ADM Client Rights Coordinator in early January of the following year.

F. The ADM Client Rights Coordinator will compile information into a report for the ADM Board, which summarizes all of the activity for the year for the agency CRO's and the ADM Client Rights Coordinator. The report will be used to track patterns in complaints and to recommend system improvements.

G. For agencies who are certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), there is also a report that is requested in early July by the ADM Client Rights Coordinator. That information involves the previous fiscal year and only involves grievance activity. When the results of the agency and board client rights activity are compiled, they are forwarded to OhioMHAS and also made available to the ADM Board.

H. In addition, the ADM Client Rights Coordinator compiles a quarterly report of all client rights activity handled by the Board, which is also used for tracking trends and making recommendations.

4. RELATED PROCEDURES OR FORM TO BE USED

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 7/1/2015	Last Review Date: 6/15/2016	Retired Date: 3T	Next Review Date: 6/15/2018
Staff responsible	Mental Health Treatment and Client Rights Coordinator			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Clinical Services Procedures

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS01

Procedure Title: Continuing Education Applications

1. PURPOSE

To establish a process for obtaining Continuing Education Credits (CEUs) or Recognized Clock Hours (RCHs) for Counsellors, Social Workers, Marriage and Family Counsellors, Psychologists, Nurses, Attorneys, and Chemical Dependency professionals.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. When possible the Board will partner with local agencies or organizations authorized to provide CEU/RCH's on behalf of licensure Boards. When local partners are unavailable the Board will obtain CEU/RCH via the following:

1) To obtain Continuing Education Units (CEUs) for Social Workers, Counsellors, Marriage and Family Counsellors, Psychologists, and Nurses the Board will complete and submit the Ohio Mental Health and Addiction Services (OMHAS) CEU Application (Attachment A) in accordance with the OMHAS Guidelines.

2) To obtain Recognized Clock Hours from the Chemical Dependency Professionals the Board will complete the Course by Course approval online at: http://ocdp.ohio.gov/ce.stm.

3) To obtain Certified Legal Education credits (CLEs) for attorneys the Board will contact the Summit County Bar Association for potential partnership. In some cases, if given more than 90 day advanced notice, the local Bar Association may provide CLE's. When the Bar Association is unable to provide CLEs, the Board will follow the application process outlined on the Ohio Supreme Court Website.

4) Continuing Legal Education credits may not be awarded for presentations concurrent with the consumption of a meal, or for the keynote speeches.

B. A program which is to be repeated more than once within the same calendar year may be approved from one (1) application and for one (1) fee.

C. The ADM Board must retain the following information for seven (7) years:

1) CLE, RCH, CLE Application,

2) Syllabus or program outline,

3) Attendance Records, and

4) Summative Evaluation.

D. An Availability of Funds for Purchases and Encumbrance Request form must be completed and appropriately signed to obtain checks to attach to each application for Continuing Education Credits.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - Ohio Mental Health and Addiction Services (OMHAS) CE Application

OMHAS CE Guidelines

Ohio Chemical Dependency Professionals Board CE Guidelines

Ohio Supreme Court CLE Accreditation

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	12/17/2013	6/15/2016	Click here to enter a date.	6/15/2018
Staff responsible	Addictions Prevention & Training Coordinator			
Approval	 _____ Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS05

Procedure Title: Clinical Record Review

1. PURPOSE

Pursuant to Ohio Revised Code 340.03 and 340.033 the Board is to evaluate Mental Health and AoD programs to ensure that they are effective, efficient, and of high quality. This process is also consistent with the Board's Culture of Quality Certification which requires that Boards evaluate the services and programs that it funds.

2. DEFINITIONS (OPTIONAL FIELD)

It is the policy of the Summit County Alcohol, Drug Addiction & Mental Health Services (ADM) Board to periodically conduct compliance reviews of a representative sample of clinical and financial records of Contract providers of Non-Medicaid Services. This review process is part of a series of Quality Improvement Reviews that the Board will conduct during specified years. (Corrective Action Review, Treatment Services Independent Peer Reviews, AOD Prevention Services Reviews and Walkthrough Reviews).

3. PROCEDURE

The ADM Board shall periodically review a representative sample of clinical and financial records for those individuals who have received ADM funded Non-Medicaid services during the prior calendar year to ensure that minimum service standards are met.

A. The first step in the audit process is the generation of the audit sample size. The review sample size is chosen based on the following formula:

Number of ADM Funded Clients	Number of Cases to Select
1 - 9	5
10 - 99	10
100 - 499	20
500 – 999	30
1,000 – Above	40

B. Upon receiving the audit sample size report, the Care Management and Compliance Coordinator (CMCC) contacts the agency-designated representative by email to schedule the audit review. The CMCC will begin contacting agencies in January, with audits being scheduled no later than March. Agency representatives are told at the time of this contact how many charts will be reviewed and the audit time frame. Depending on the size of the audit, audits will be done across a one or two day time period. The agency representative will respond within five business days to schedule the audit review dates. If the

agency representative fails to respond within the required time period, a follow up email will be sent and copied to the agency Executive Director.

C. The CMCC prepares a review schedule that lists the agency name, date(s) for review, number of records to be reviewed, the agency contact person and the ADM Board staff person(s) that will be conducting the financial audit. The CMCC takes this schedule to an internal Clinical Services Team meeting to form agency review teams for deployment to sites with more than 10 cases. A finalized copy of this schedule will be distributed to the Finance Department, Associate Director of Clinical Services, Chief Clinical Officer, and Manager of Information Technology. Finance staff will review the schedule and return it to the Compliance Coordinator confirming their availability on the review dates.

D. Approximately one week before the scheduled review, a reminder will be sent out to the agency contact representative by email. This reminder will include the date of the audit, the number of charts being reviewed and the audit time period. A confirmation response will be requested by email and the fax number will be verified.

E. Approximately one month prior to the review, the CMCC or designee will complete the process of generating the client list, and review forms, based on a selected time period and service utilization. A list of clients will be chosen with half of the sample random and half of the sample high utilizers.

F. The CMCC or designee will send out the client list by fax or encrypted email 24 hours before the scheduled audit to the agency's designated contact person. Audits are scheduled to begin at 9:00am on the day of the audit. The list will contain the first name, last name and UCI number for the clients whose charts will be reviewed. The fax/email will also include:

1) A request for the provision of professional licenses/credentials of the staff providing/supervising services during the time period requested;

2) Table of organization,

3) Copy of agency policies on Treatment Plans, Treatment Plan Reviews/Updates, and Termination Summaries.

All requested items are to be made available to the Compliance Coordinator at the beginning of the audit. For agencies with more than 20 staff, a list of providers will be generated before the conclusion of the review for verification of current documentation of eligibility to provide services.

G. The financial department will send out a fax that will contain information regarding the Non-Medicaid financial compliance review 24 hours prior to the review. This correspondence will include the agency requirements to provide each listed client's financial intake form, verification of income and/or insurance, explanation of benefits (EOB) from insurance payments, and the sliding fee scale at the time of the audit. There will also be a verification of billing/receipt of the sliding fee or waiver form if applicable.

H. On the scheduled day of the review, the review team will arrive at the agency at the designated time. The CMCC or designee will complete agency review forms and client services review forms. The forms will review the assessment, treatment plan and treatment plan reviews for required elements, discharge summaries and proper documentation of services needed. The review team will look at documentation supporting the provision of non-Medicaid services provided to the individual served during the audit review period. The CMCC or designee may also look at other services as needed or indicated.

I. If Board Staff, in conducting its non-Medicaid Review activities, discovers that no treatment/service plan is in place to cover the review period, all billings from the date the plan should have been in place, per OAC 3793:2-1-06 or 5122-27-05, until a completed plan is in place, may be denied.

J. The fiscal member of the audit team will verify that the agency has completed a financial intake form. The fiscal representative will verify that the agency has documented the client's household income by viewing copies of pay stubs, social security income letters, 1040 forms, self-declaration of income forms, or other acceptable proof of income, private insurance coverage, and if applicable; sliding fee schedule amount. The verification section of the compliance review form will be completed accordingly, including any comments. If the agency has waived the sliding fee schedule for the client, the presence of an approved and current waiver form will be verified. A comment will be entered if the waiver has not been completed or is not current. The completed "Non-Medicaid Financial Compliance Audit" form will be provided to the Compliance Coordinator for inclusion with the audit report. If necessary, the ADM Board fiscal representative will also provide additional narrative information regarding problem areas and suggestions to the CMCC for inclusion in the audit report.

K. The CMCC or designee will meet with agency representatives during and at the conclusion of the review to discuss findings and request clarification on any issues encountered. The formal exit interview will take place at the end of the last day of the audit. The exit interview will consist of an informal review of findings, including:

1) Outcome of audit
2) Quality Improvement Recommendations
3) Process for Plan of Correction
4) Process for claim correction or denial of ineligible billings in MACSIS

L. Upon returning from the audit, the CMCC will complete the aggregate statistics.

M. Using the aggregate statistics, the CMCC will draft a compliance review report on the following areas:

Commendations: Key indicators meeting 100% compliance, areas of notable excellence, staff facilitation of review, organization of records.

Problem Areas: Standards and ineligible billings

Compliance/Quality Issues: This will address any standard, claim, or other issues identified while reviewing the agency documentation.

Recurrent Citations: Any citation from the previous year's report that has not been corrected should be listed.

Note: *Recurrent citations that have persisted for more than two audit periods will require a face-to-face meeting with the ADM Board.*

N. The compliance review report will also contain the Non-Medicaid Financial Review report generated by the ADM fiscal staff representative, the Claims Reversal Summary report and a blank MACSIS Claims Correction Form (if necessary).

O. Any compliance area under the 90% threshold will require a written Plan of Correction to be submitted by the agency to the CMCC within thirty days of the receipt of the report. Any required paybacks should be submitted with the Claims Correction Form and the Claims Reversal Summary Report within thirty days of the receipt of the report to the CMCC. The CMCC will then coordinate claims corrections with the Manager of Information Technology and/or paybacks with the ADM Board Associate Director of Operations. If the agency wishes to dispute audit findings, the agency may request a formal meeting with the ADM Board staff to discuss the findings for final resolution.

P. The draft compliance review report will be sent to the Associate Director of Clinical Services for approval.

Q. The final compliance review report will be sent to the executive director of the agency and other designated recipients, within fifteen business days of the last day of the audit.

R. If the agency meets any of the following criteria, a follow-up Corrective Action Review will be conducted the following year:

1) Agency was required to submit a corrective action plan based on not meeting the 90% compliance threshold;

2) Agency was required to meet with Board representatives as a result of having the same findings for two review periods; or

3) Agency was informed of policy deficiencies that resulted in audit findings and needed adjustment.

S. If Board staff encounters a pattern of significant areas of provider non-compliance with Ohio Mental Health and Addiction Services (OhioMHAS) regulations authorized under, Ohio Revised Code 3793.06 or Ohio Revised Code 5119.611, they may be referred directly to OhioMHAS certification divisions through submission of a complaint form for further review.

T. The CMCC sends a copy of the Claims Reversal Summary report to the Claims Adjudicator in order to complete required claims corrections. The Claims Adjudicator will inform the CMCC when claims corrections are submitted by the agency and completed.

U. The CMCC will contact agencies fifteen days after their receipt of the final audit report as a reminder of the need to submit any outstanding claims corrections or written plans of corrections. The CMCC will contact the executive director of any agency that has not submitted the required information within the required thirty days, and secure a date by which this information will be submitted to the Board. A notice of this request will be copied to the ADM Board Executive Director, Associate Director of Operations, Associate Director of Clinical Services, and the Chief Clinical Officer. Should the new submission date not be met, the CMCC will notify the Associate Director of Operations. The Associate Director of Operations will issue a ten day notice to hold all payments to the agency addressed to the executive director of the agency.

V. At the end of the audit process, the CMCC will compile aggregate information regarding agency completion of paybacks and written plans of correction. This report will be submitted to the Associate Director of Clinical Services, Chief Clinical Officer and the Executive Director by the end of December each year. Results may be incorporated into monitoring reports and/or serve as agenda items for Board/provider meetings.

W. The CMCC maintains paper and electronic copies of the compliance review reports. Hardcopies will be placed in the agency's file at the ADM Board; Electronic copies of both the aggregate and individual agency reports will be placed in the Continuous Quality Improvement Folder.

4. RELATED PROCEDURES OR FORM TO BE USED

None.

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/1/2005	1/21/2015	6/15/2016	Click here to enter a date.	6/15/2018
Staff responsible	Care Management and Compliance Officer			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS08
Procedure Title: Crisis Intervention Team Statistical Sheet/Psychiatric Emergency Services Comparison Report

1. PURPOSE

To provide a process to collect data trends based on reports of Crisis Intervention Team (CIT) law enforcement officers.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. The Mental Health Treatment and Client Rights Coordinator receives the CIT statistical sheets from Local CIT Coordinators.

B. Statistical Sheets are reviewed by the Mental Health Treatment and Client Rights Coordinator. Youth related forms are forwarded to the Children's Program Coordinator. After initial review all forms are forwarded to the Chief Clinical Officer (CCO). Any unusual information is highlighted for discussion.

C. The CCO may direct the Mental Health Treatment and Client Rights Coordinator to complete an agency follow-up based on any clinical implications. The follow-up may be completed by telephone or agency visit.

D. The Mental Health Treatment and Client Rights Coordinator or other clinical department staff informs CCO of final disposition. A copy of the report is forwarded to the Research & Quality Improvement Coordinator, CCO and Associate Director of Clinical Services for further reports and review.

4. RELATED PROCEDURES OR FORM TO BE USED

None.

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 12/17/2013	Last Review Date: 6/15/2016	Retired Date: 5/3/2016	Next Review Date: 6/15/2018
Staff responsible	Mental Health and Client Rights Coordinator, Children's Program Coordinator, Chief Clinical Officer			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS09

Procedure Title: Quarterly Probate Court / Mental Health Issues Meeting Report

1. PURPOSE

To maintain a format for reporting Civil Commitment information to the County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. Administrative Support Staff updates the Civil Commitment Tracking Log weekly.

B. Copy of updated log forwarded to CCO, Mental Health Treatment & Client Rights Coordinator, and Community Support Services.

C. The log will inform dialogue at the quarterly Probate Court Issues meeting. Hardcopy log to be filed in the central Filing Cabinet. Electronic copies kept on secured network drive.

D. All information provided is subject to protections afforded under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

4. RELATED PROCEDURES OR FORM TO BE USED

NA

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 12/17/2013	Last Review Date: 6/15/2016	Retired Date: 2T	Next Review Date: 6/15/2018
Staff responsible	Designated Administrative Support Staff; Chief Clinical Officer			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS20
Procedure Title: Multiple Agency Community Service Information System (MACSIS) Outpatient Residency Determinations

1. PURPOSE

To maintain the written guidelines and operating principles for outpatient residency determination.

2. DEFINITIONS

None

3. PROCEDURE

A. The Mental Health Treatment, Clients Rights Coordinator, and the Addictions, Prevention and Training Coordinator follow~~s~~ the guidelines written for the Ohio Mental Health and Addiction Services (OHMAS), Behavioral Healthcare Organizations (BHO), Community Mental Health, and Alcohol, Drug Addiction and Mental Health Services Boards to determine the Board's responsibility and residency determination when clients seek services outside their service district of residence.

4. RELATED PROCEDURES OR FORM TO BE USED

OHMAS Residence Determination and Dispute Process for Inpatient Services

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 12/17/2013	Last Review Date: 6/15/2016	Retired Date: Click here to enter a date.	Next Review Date: 6/15/2018
Staff responsible	Mental Health Treatment and Client Rights Coordinator			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS22

Procedure Title: Independent Peer Review

1. PURPOSE

The purpose of the Treatment Services Independent Peer Review (IPR) is to assess the quality and appropriateness of treatment services.

It is the policy of the County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board to annually conduct IPR's in collaboration with the Lorain County Alcohol and Drug Addiction Services (ADAS) Board to ensure quality clinical practices within community agencies and the programs offered.

2. DEFINITIONS

None

3. PROCEDURE

A. The Board will ensure that an annual IPR is conducted with at least 5% of Summit County ADM contract alcohol and other drug addiction (AoD) treatment providers. (See Attachment A – "Independent Peer Review Process," which is a proposed review schedule.)

B. A reviewer selected to conduct the IPR shall meet the following criteria:

1) The reviewer shall not have a conflict of interest with any Summit County provider reviewed.
2) The reviewer shall be credentialed or licensed in AoD treatment as recognized by the appropriate State of Ohio credentialing board(s).
3) The reviewer shall be a representative of the various professional disciplines utilized by the treatment provider under review.
4) The reviewer shall be knowledgeable about the modality being reviewed, and its underlying theoretical approach to treatment.
5) The reviewer shall be culturally competent, and sensitive to environmental issues.
6) The reviewer must adhere to all Federal and State confidentiality requirements, including 42 Code of Federal Regulations (CFR) Part 2.

C. The sampling plan and rationale for selection include:

1) A random sample of the provider's medical records selected from the Board MIS system within the previous twelve (12) months.
2) A representative sample of all services offered by the provider.
3) Contain a minimum of ten (10) client records.

D. The reviewer shall utilize the Treatment Services IPR Form (see Attachment A - Independent Peer Review Process), which includes a review of the following:

1) Admission criteria/intake process,
2) Assessments,
3) Treatment planning and appropriate referrals for ancillary treatment (i.e., prenatal care, HIV care, or psychiatric treatment),
4) Documentation of implementation of all treatment services identified on the treatment plan,
5) Discharge and continuing care plans, and
6) Indication of treatment outcomes.

E. The reviewer will submit a written report of the findings along with all completed IPR Forms to the Associate Director for Planning/Evaluation within fifteen (15) days of the review. The report will include the following:

1) Quantitative data on compliance with each review criteria,
2) Summary of patterns and trends, and
3) Recommendations of corrective action and/or training.

F. The findings will be reviewed with the provider.

G. The provider is responsible for submitting a plan of correction addressing all recommendations, including a plan to implement any necessary staff training, within thirty (30) days of the receipt of the written review.

H. The Board is responsible for forwarding the written report of the annual review to the OMHAS, via the Quality Improvement (QI) Plan.

I. A copy of all IPR reports is maintained by the Care Management & Compliance Coordinator

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - Independent Peer Review Process

42 Code of Federal Regulations (CFR) Part 2

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 12/26/2013	Last Review Date: 6/15/2016	Retired Date: 4T	Next Review Date: 6/15/2018
Staff responsible	Addictions, Prevention & Training Coordinator			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS27

Procedure Title: AoD Agency Referral Satisfaction Surveys

1. PURPOSE

To provide a routine format for the collection of provider agency referral satisfaction surveys.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. The Research & Quality Improvement Coordinator requests provider agencies to conduct the annual Referral Satisfaction Survey with a timeframe for dissemination and return of data. The survey instrument is the Referral Satisfaction Survey template (Attachment A).

B. The survey will be made available via survey monkey and hard copy.

C. The summary of the results will be reviewed and compiled by the RQI Coordinator within 60 days of closing of the survey time period.

D. The RQI Coordinator will forward the survey summary to the Associate Director of Clinical Services. The summary will be reviewed in a clinical department team meeting.

E. A report will be provided to participating agencies for continuing performance improvement.

F. The summaries will be maintained electronically in the Planning and Evaluation Drive/ CQI/Satisfaction Surveys

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - Referral Satisfaction Survey Template

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 12/16/2013	Last Review Date: 6/15/2016	Retired Date:	Next Review Date: 6/15/2018
Staff responsible	Research & Quality Improvement Coordinator			
Approval	Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS28

Procedure Title: Incident Reporting

1. PURPOSE

The purpose of this procedure is to track the Ohio Mental Health and Addiction Services (OMHAS) Incident reports submitted to the ADM Board in accordance with Ohio Administrative Code 5122-26-13.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. Major Unusual Incidents (MUI's) are defined under OAC 5122-26-13 and are limited to the following categories: Suicide, homicide by client, homicide of client, accidental death, verbal abuse, physical abuse, sexual abuse, neglect, defraud, involuntary termination without appropriate client involvement , sexual assault by non-staff, including a visitor, client or other, physical assault by non-staff including visitor, client or other, medication error, adverse drug reaction, medical events impacting agency operations, temporary closure of one or more agency sites, inappropriate use of seclusion or restraint, inappropriate restraint techniques and other use of force, seclusion/restraint related injury to client, seclusion/restraint related injury to staff and seclusion/restraint related death. All of these categories are defined in Appendix A of OAC 5122-26-13.

B. In order to report an OMHAS-related incident, form DMH-0484a (Rev. 3/16) (Attachment A) must be used

C. When incidents are reported to the ADM Board, they may be faxed, mailed or hand-delivered. Once received, the following should occur:

1. If faxed, the administrative assistant will send a notification to the Care Management & Compliance Coordinator that the fax has been received. If the report is sent by mail or hand-delivered, the report is scanned, saved and sent to the Care Management & Compliance Coordinator.

2. The Compliance Coordinator records the pertinent information on the electronic MUI Log.

3. The Compliance Coordinator forwards the MUI to the Chief Clinical Officer (CCO) via secured email.

4. If the report involves abuse or neglect of a child, Summit County Children Services (SCCS) will also be notified of the incident, which should be indicated on the MUI by the reporting agency. Since SCCS has the authority to investigate abuse and neglect, they will conduct an investigation and share their results by letter, which will be filed in a locked drawer in the Compliance Coordinators work area. If fault is

found, the Compliance Coordinator will notify the CCO, who will alert the Executive Director of the reporting agency that an allegation of abuse has been substantiated.

5. The CCO will review all MUIs and recommend if any follow up is necessary by working with the applicable ADM staff.

6. The Compliance Coordinator will forward an updated MUI Log to the CCO for review by the 5th of every month.

7. A clinical meeting will be held quarterly to review MUI trends and outcomes.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - OMHAS Community Mental Health/Alcohol and Other Drug Provider Notification of Incident, Form DMHAS-0484 (Rev. 03/16)

MUI Report – Jail

MUI Residential

5. PROCEDURE HISTORY:

Effective Date: 9/6/2013	Version Date: 3/1/2013	Last Review Date: 6/15/2016	Retired Date: 4T	Next Review Date: 6/15/2018
Staff responsible	Care Management & Compliance Coordinator			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS29

Procedure Title: Alcohol and Other Drug Residential Treatment Waiting List Management

1. PURPOSE

To provide a process for monitoring the waiting list for ADM funded AoD residential treatment services.

2. DEFINITIONS NA

3. PROCEDURE

A. The Care Management & Compliance Coordinator monitors admission and discharges for the men's, and women's and residential beds from:

1) IBH Addiction Recovery Center, and

2) Rocco Antonucci Memorial Adult Rehabilitation (RAMAR) Residential program administered by Community Health Center.

B. Wait List, admission and discharge information is received from the ADM Crisis Center Program Manager/designee upon request or at the Residential Waitlist Meeting.

C. An AoD Residential Waiting List meeting is held at the ADM Board or via conference call every two weeks for review of scheduled admissions, prioritizing the wait list and to facilitate short-term and system problems which arise (i.e., jail transports, information sharing, etc.).

D. The Care Management & Compliance Coordinator monitors the data to facilitate client access to treatment, offer guidance when system processes require modification and to ensure adherence to OMHAS treatment priorities.

E. The waiting list data is maintained electronically by the ADM Crisis Center Manager/designee for two (2) years.

4. RELATED PROCEDURES OR FORM TO BE USED: NONE

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 2/16/2013	Last Review Date: 6/15/2016	Retired Date: 3T	Next Review Date: 6/15/2018
Staff responsible	Care Management & Compliance Coordinator			
Approval	Gerald A. Craig, Executive Director			

	The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS42

Procedure Title: Conditional Release Forms

1. PURPOSE

To provide a standardized process to complete conditional release forms.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

A. The Conditional Release Commitment - Client Statement of Understanding and Consent form (Attachment A) is signed by the client and the Coordinator of Forensic Services.

1) The Coordinator of Forensic Services is responsible for reviewing the aforementioned form with the client within two (2) weeks of discharge into the community, or being granted conditional release status directly from the court.

2) A copy of the Client Statement of Understanding and Consent form is forwarded to the treatment agency.

3) The original Client Statement of Understanding and Consent form is maintained in the individual client file at the Board).

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - Conditional Release Commitment – Client Statement of Understanding and Consent form

5. PROCEDURE HISTORY:

Effective Date: 7/1/2005	Version Date: 12/23/2013	Last Review Date: 6/15/2016	Retired Date: 3T	Next Review Date: 12/14/2017
Staff responsible	Coordinator of Forensic Services			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS59

Procedure Title: CQI Prevention Reviews

1. PURPOSE

Pursuant to Ohio Revised Code 340.03 and 340.033 the Board is to evaluate Mental Health and AoD programs for quality, effectiveness and efficiency. The procedure outlines a process that is consistent with the Culture of Quality Certification standards demonstrating compliance with this requirement.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

Policy: It is the policy of the Summit County Alcohol, Drug Addiction & Mental Health Services (ADM) Board to periodically conduct reviews of funded prevention programs. This review process is part of a series of Quality Improvement Reviews that the Board will conduct during specified years. (See CQI Plan: Corrective Action Review, Treatment Services Independent Peer Reviews, AOD Prevention Services Reviews and Walkthrough Reviews).

Procedure: Periodically, ADM staff will visit all prevention funded agencies to review documentation supporting MACSIS/GOSH/invoices. Board staff will randomly review service activities that represent at least 5% of billed services, or a predetermined number of prevention strategies sufficient to capture the diversity of programming provided by the agency during a period since the last review. Additionally, at least one prevention activity from each special fund administered by the Board will be reviewed for compliance with agreed upon funding requirements (Survey tools and procedures attached):

A. **Provider Requirements:**

1) Policy on consumer satisfaction demonstrated by verification of satisfaction survey and responses based on accessibility, appropriateness, acceptability, overall satisfaction, and desire to recommend prevention services to others.

2) Each agency shall have written policies and/or procedures for prevention services that include, at a minimum, the following:

   (1) Description for each of the prevention services provided.

   (2) Criteria for identifying target populations for receipt of prevention services.

3) Policy on Consumer Satisfaction Documentation:

   (1) Service Type (strategy) identified

   (2) Activity must demonstrate consistency with Center for Substance Abuse Prevention (CSAP) definitions

   (3) Description of the Service (Sufficient to capture definition)

(4) Activity (in agreed upon units)

(5) Date of Service

(6) Location identified

(7) Target population identified

(8) Number of consumers (unduplicated) identified

(9) Signature of a qualified provider of prevention services in accordance with this applicable rules.

(10) Consent is in place (42CFR) if protected information shared.

Additional notes may be added to highlight consistent items that may be found during the review.

B. **General Procedures – All**

1) Prior to arriving at the agency, Board staff will request a workroom with the determined files/policies/service tickets to be made available. Board staff may request agency staff input for an initial walkthrough of chart contents and location of policies.

2) Individual agency staff may be requested to offer clarification to specific items under review or to be interviewed regarding their knowledge of agency policy.

3) Upon completion of the review a brief exit interview will be conducted.

4) An AoD Prevention Summary report will be compiled by the ADM Board Clinical Services Staff and forwarded to the ADM Board Executive Director.

5) Formal written evaluation will be made to the agency no later than 30 days following completion of the review. This evaluation may include: a summary of findings, trends, qualitative analysis, and possible technical guidance. At this time a plan of corrective action may be requested of the agency.

6) Any corrective action plan will be submitted to the Executive Director of the ADM Board within 30 days of the receipt of the evaluation report. The Board may provide periodic supplemental reviews to monitor the implementation of corrective actions.

7) Agencies will be provided 7-day notice as to the time of these prevention corrective action reviews; specific items for review will be requested upon arrival.

8) At the end of the audit process, the Care Management & Compliance Coordinator will compile aggregate information regarding agency completion of repayment for ineligible services and written plans of correction. This report will be submitted to the Associate Director of Clinical Services by the end of the calendar year.

9) The Care Management & Compliance Coordinator maintains the compliance review record files and the aggregate annual report.

4. RELATED PROCEDURES OR FORM TO BE USED

CQI Agency Review

5. PROCEDURE HISTORY:

Effective Date: 1/1/2012	Version Date: 1/1/2012	Last Review Date: 6/15/2016	Retired Date: 4T	Next Review Date: 6/15/2018
Staff responsible	Care Management and Compliance Coordinator			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS61

Procedure Title: Continued Stay Procedure for AoD Residential Treatment

1. PURPOSE

The ADM Board is required to ensure the efficient and effective use of public resources for treatment services for persons with substance use disorders. We aim to maximize access to non-medical community residential treatment services by monitoring the length of stay for persons in that level of care. The purpose of this procedure is to articulate the criteria and process for approval of client's length of stay beyond 90 days in AoD Residential Treatment. Requests for residential length of stay longer than 90 days require written clinical justification.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

Authorization for ADM funding for non-medical community residential treatment services for more than ninety (90) days requires a preauthorization process. The procedure is as follows:

A. In cases where the agency anticipates a client may require a residential treatment stay beyond 90 days, the agency residential supervisor will submit a completed **90-Day Preauthorization Form** (Attachment A), via secure e-mail to the Addictions Prevention & Training Coordinator, with a copy to the Chief Clinical Officer and Associate Director of Clinical Services, within 65-75 days of the residential admission.

   1.) The Addictions Prevention & Training Coordinator, or designee, will acknowledge receipt of the request, via encrypted email, to the agency within two business days.

   2.) The Addictions Prevention & Training Coordinator, or designee, will enter the client name, agency, and date of request into the Residential Continued Stay Monitoring Log (Attachment B).

B. The Provider agency is not to submit any billings beyond 90 days for AoD Residential Treatment prior to authorization by the ADM Board. Unauthorized claims for stays beyond 90 days will be denied. If approval of the treatment extension is denied, payment will end on the 90th day. The agency can decide whether to make discharge referrals for the client or continue to maintain them in residential services without ADM Board reimbursement.

C. The Addictions Prevention & Training Coordinator, or designee, will review the request for the residential treatment extension, and will make recommendations to either: deny continued stay beyond 90 days or authorize up to an additional 30 days. The Addictions Prevention & Training Coordinator may request additional information from the Provider agency when needed. Approval/denial decision will be based upon, but not limited to: acuity of

client's needs; aftercare planning inclusive of stable housing; and degree needs can be met at a lower level of care.

D. Final recommendations must be reviewed and approved by the Chief Clinical Officer or Associate Director of Clinical Services before rendered to the provider agency.

E. Once approved, the Addictions Prevention & Training Coordinator will report final authorization status to the Provider agency designee, and the ADM Manager of Information Technology within 10 business days of the receipt of the request. Authorization may be contingent upon specified clinical actions (e.g. coordination with mental health provider, establish recovery housing plan, etc.)

F. The Addictions Prevention & Training Coordinator or designee, will maintain a spreadsheet with documentation of continued stay approvals and denials, and notify the Claims Adjudicator of the approval status for the client with the starting and ending dates for the residential extension.

G. If the residential agency supervisor disagrees with the authorization decision, a written letter of appeal should be sent via secure server or secure email to the Chief Clinical Officer, with a copy to the Addictions Prevention & Training Coordinator, with the specific clinical rationale for the appeal articulated.

H. The Chief Clinical Officer, or designee, will respond to the agency supervisor within 10 business days.

I. Requests for funding beyond 120 days must be preceded by a formal case conference. This clinical conference must take place between 100-120 days of admission and must include Provider agency clinical staff, representative(s) from aftercare agencies, and at least two of the following three ADM Board Employees: Addictions Prevention & Training Coordinator, Chief Clinical Officer and Associate Director of Clinical Services.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - 90-Day Preauthorization Form

Attachment B - Continued Stay Monitoring Log

5. PROCEDURE HISTORY:

Effective Date:	Version Date:	Last Review Date:	Retired Date:	Next Review Date:
7/20/2015	7/20/2015	6/15/2016	4T	6/15/2018
Staff responsible	Click here to enter text.			
Approval	 Gerald A. Craig, Executive Director The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			

Standard Operating Procedure

Insert Department: Clinical Services

Procedure Number: CS62

Procedure Title: Mental Health Statistics Improvement Plan (MHSIP) Consumer Survey

1. PURPOSE

To maintain a routine format for the collection, data input, analysis, and reporting of the treatment providers Mental Health Statistics Improvement Plan (MHSIP) and Youth Services Surveys data.

2. DEFINITIONS (OPTIONAL FIELD)

3. PROCEDURE

The primary purpose of the MHSIP/YSS is to serve as a platform for obtaining and analysing client level outcomes data. It is specifically designed to measure concerns that are important to consumers in the areas of Access, Quality/Appropriateness, Outcomes, Overall Satisfaction and Participation in Treatment Planning.

A. The Research & Quality Improvement Coordinator (RQI) instructs provider agencies on the use of the MHSIP system for behavioral health satisfaction and outcome information.

B. Outcomes and satisfaction data is collected from a random client sample at each ADM Contracted Treatment Agency.

(1) Printed and scannable survey forms are provided to agencies for data collection (see Attachments A, B, and C). The survey instruments are:

a. Mental Health Statistics Improvement Plan (MHSIP): Adults

b. Youth Services Survey for Families (YSS-F): Parents of youth ≤17YO

c. Youth Services Survey (YSS): Youth 15-17 YO

(2) The RQI monitors the utilization and inventory of all survey instruments, delegates to the Board Administrative Assistants to reproduce forms as needed and stock them in the file cabinet adjacent to the RQI's work station.

(3) The Instruments are to be completed by consumers at each participating agency two times during each calendar year. The surveys will be distributed to all clients receiving services within an ADM Board designated two-week window.

(4) Provider agency to submit scannable copies of all completed instruments, within 5 business days of the survey window closure, to the attention of the RQI.

C. The data collected from the provider agency is entered (scanned) into the MHSIP software system within ten (10) days of the end of the submission period.

D. An electronic copy of an agency's report is forwarded to the agency for use in performance improvement activities. ADM Board has discretion to meet with providers regarding results.

E. Data trends analysis, identification of best practices, and plans for corrective action are to be developed through internal CQI meetings, and informed by discussion at Performance Improvement and Clinical Leaders meetings.

F. Final reports are added to the Annual Continuous Quality Improvement Report used as platform for Policy 1.0- Ends monitoring. Data may also inform the Community Plan, Social Services Advisory Board Report, and the ADM Levy Plan.

G. Agency specific data summaries will be added to annual agency budget summaries disseminated to the Board of Directors.

H. The final reports of the data are maintained as Continuous Quality Improvement resources in the P:/Network Drive under the MHSIP folder for ten (10) years.

4. RELATED PROCEDURES OR FORM TO BE USED

Attachment A - MHSIP Instrument ADULT

Attachment B - MHSIP Instrument Family YSFS

Attachment C - MHSIP Instrument Youth YSSY

5. PROCEDURE HISTORY:

Effective Date: 7/1/2015	Version Date: 7/1/2015	Last Review Date: 6/15/2016	Retired Date: 5T	Next Review Date: 6/15/2018
Staff responsible	Research & Quality Improvement Coordinator			
Approval	 The Executive Director has the authority to change this procedure and may change it at any time for operational needs and demands.			